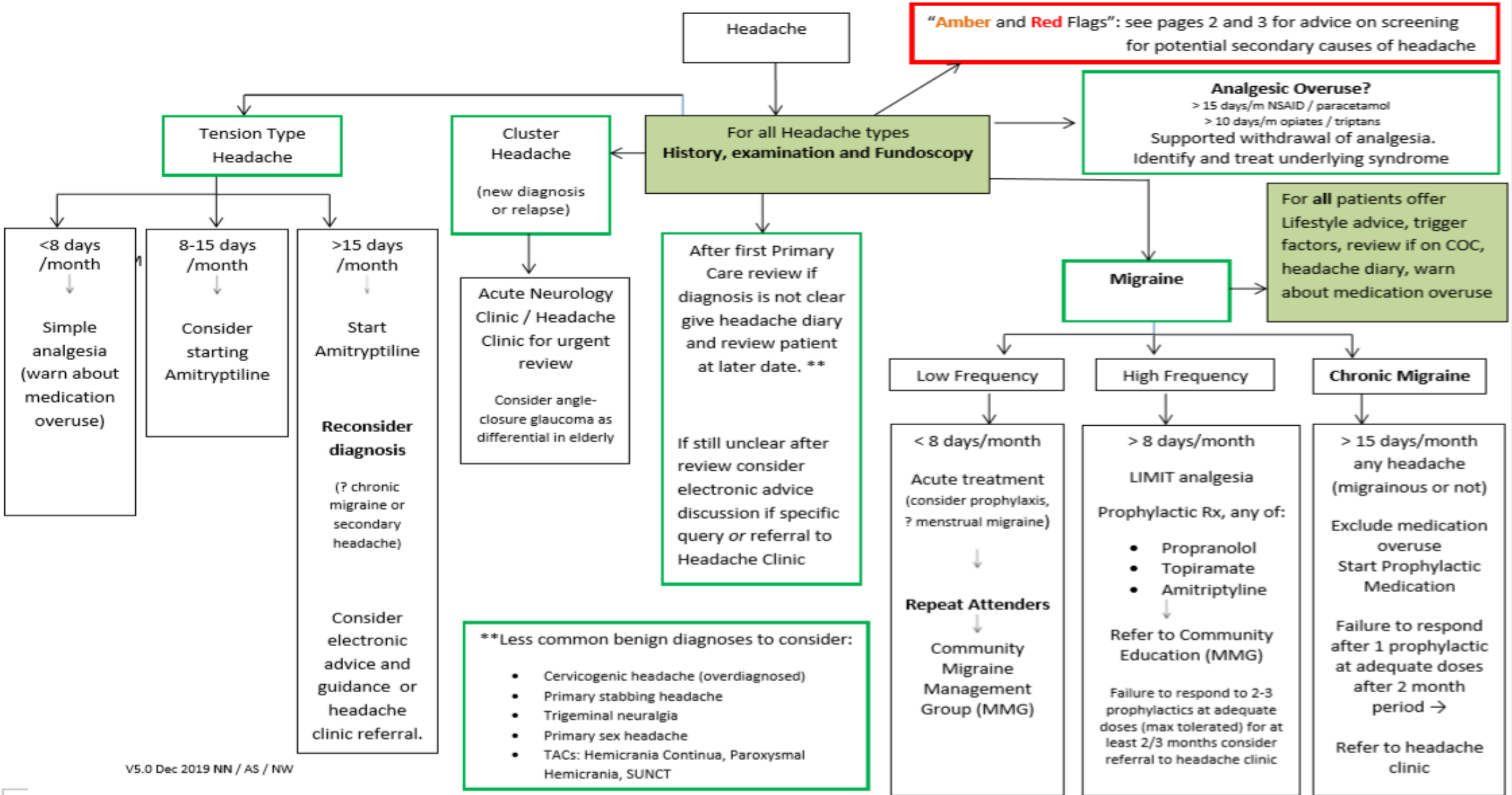
South West London wide – Acute Headache Pathway

South West London Primary Care Adult Headache Referral and Management Guidance



V5.0 Dec 2019 NN / AS / NW

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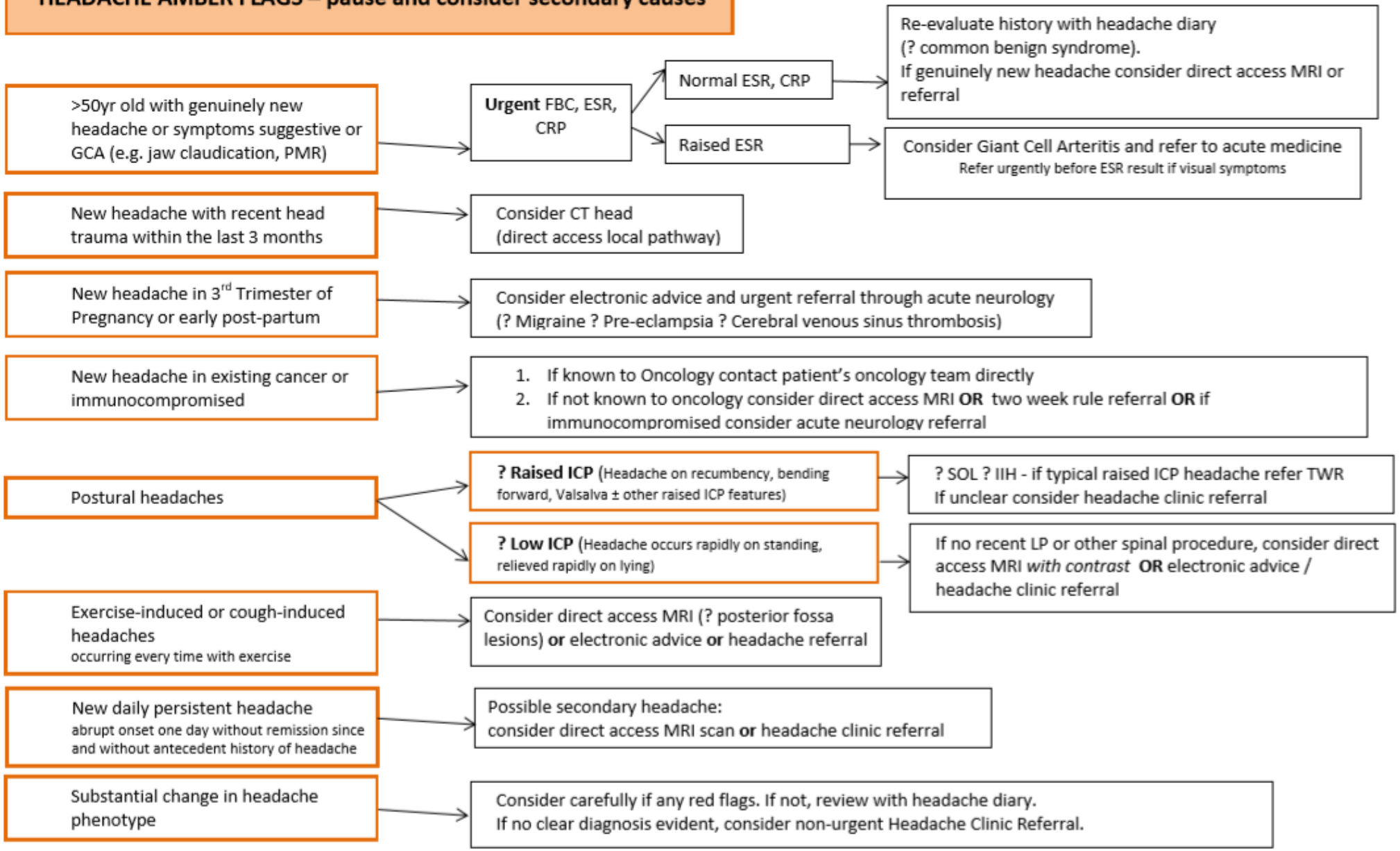
HEADACHE AMBER FLAGS – pause and consider secondary causes



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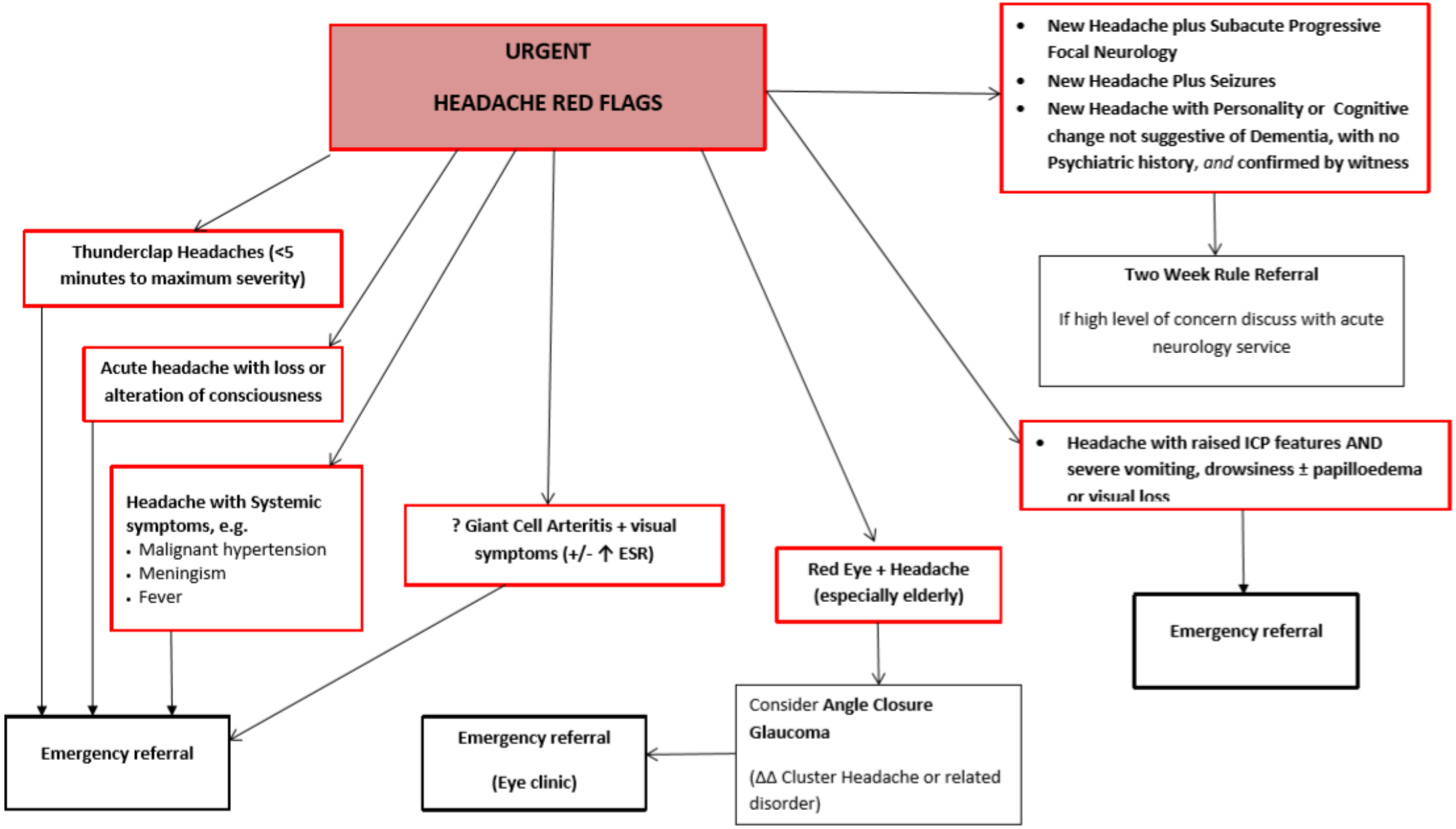

South West London Regional Headache Referral Form

Patient Details			
Name: Full Name		Date of Birth: Date of Birth	
Address: Home Full Address (single line)		Sex: Gender(full)	
Post Code: Home Address Postcode		Ethnicity: Ethnic Origin	
Interpreter Required: Y/N		NHS Number: NHS Number	
Please tick preferred contact number ✓		Hospital Number:	
Daytime Telephone: Patient Home Telephone	☐	UBRN:	
Work Telephone: Patient Work Telephone	☐	First Language: Main Language	
Mobile Telephone: Patient Mobile Telephone	☐	Interpreter Required:	☐ (tick if Yes)
☐	I have counselled the patient regarding the referral process and offered the patient information leaflet		
GP Details			
GP Name: Current User		Telephone Number: Organisation Telephone Number	
Practice: Organisation Name		Date of Referral: Short date letter merged	

IMPORTANT: This section must be completed for compliance under the Equaity Act

Cognitive, Sensory or Mobility Impairment

Sight Impaired (Blind) ☐ Sight Impaired (Partially sighted) ☐ Hearing Impaired (Deaf) ☐

Hearing Loss (Partial) ☐ Speech Impaired ☐ Learning Disability ☐

Autism ☐ Mobility ☐ Mental Health ☐

Dementia ☐ Armed Forces ☐

Need related to: Age, Religion/Belief, Sexual Orientation, Disability, Gender, Gender Reassignment, Race, Pregnancy and Maternity, Marriage and Civil Partnership ☐

Other ☐ None ☐

IMPORTANT: Please describe relevant need to guide patient communication process

Please include relevant details:

PLEASE USE THE SOUTH WEST LONDON HEADACHE PATHWAY TO HELP YOU COMPLETE THIS FORM:

Available at ……..

THIS SERVICE IS FOR GREEN PATHWAY PATIENTS ONLY. IF RED OR AMBER PLEASE SEE…. OR CONTACT….FOR ADVICE AND GUIDANCE

Please ensure that you complete this form in full when you make a referral to the regional headache service – the information you provide us on this form will help the consultant make an informed decision on the patient's care.

If the answers to any of these questions in this section are yes, please refer via the ED/Ambulatory / Hot clinic / 2 week rule as per the pathway / Eye Clinic

	Yes
Thunderclap headache (<5 minutes to maximum severity)	
Acute headache with loss of consciousness	
Headache with systemic features (eg severe hypertension, meningism, fever)	
New headache with onset in age>50 +/- ESR>50 with visual symptoms	
Red eye (need to consider ophthalmological causes)	
Headache with focal neurology/seizures/ personality or cognitive change	
Headache with swollen optic discs	
New headache with recent head trauma within last 3 months	
New headache in 3rd trimester of pregnancy / early post-partum	
New headache in existing cancer / immunocompromise	
Postural headaches	

Reason for referral (More than one option may be selected)

☐ Uncertain diagnosis ☐ Ineffective treatment

☐ Patient requests referral ☐ Self-Management help

☐ Electronic advice and guidance* ☐ Other (please specify)……..

Headache onset

☐ Less than 1 month ☐ 1-6 months ☐ 6 months to 1 year ☐ More than 1 year

Headache diagnosis (More than one option may be selected)

☐ Migraine ☐ Cluster headache ☐ Analgesic overuse ☐ Tension type headache

☐ Post-traumatic headache (injury over 3 months) ☐ Unsure

☐ Other (please specify)……

Headache Frequency

☐ <8 days per month ☐ 8-14 days per month ☐ >15 days per month

Examination

☐ Normal ☐ Abnormal **If abnormal, please specify:**……

Any previous imaging completed?

☐ Yes ☐ No

If Yes:

☐ MRI ☐ CT **Date**……

☐ Normal ☐ Abnormal

Please attach report, or indicate where performed if report not available.

Preventative treatment tried?			
☐ Propranolol	☐ Amitriptyline	☐ Topiramate	☐ Candesartan
☐ Verapamil	☐ Other……		
Additional relevant drug history			
Past medical history			
Additional Info/comments			

Patient information leaflets available at:

**If you have ticked that you require advice and guidance a headache specialist will be in contact with you within 48 hours via telephone or e-mail.*