

Parkinson's Nurse Specialist Service

Health Professional Referral Form

Information regarding the Parkinson's Nurse Specialist service can be found online [HERE](#)

Important:

- Complete all sections.
- **This form should ONLY be completed and submitted by a Health Professional.**
- **Referrals to the Parkinson's Nurse Specialist service using this form by non-health professionals will not be accepted.**
- The criteria for referral to the Parkinson's Nurse Specialist service is a medical diagnosis of Idiopathic Parkinson's or an Atypical Parkinsonism (Multiple System Atrophy (MSA), Progressive Supranuclear Palsy (PSP) or Cortico-Basal degeneration (CBD)).
- Please note that the Parkinson's Nurse Specialist service is not an emergency or crisis service.
- Where possible complete the form electronically. If completing the form manually, please make sure handwriting is legible.
- Email or Fax only one patient/client referral at a time and please only send one referral per client/patient.

Email completed forms to Parkinson's WA: info@parkinsonswa.org.au or Fax: 08 6457 7374

Patient/Client Details

Title:		First Name:		Last Name:	
Gender	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Non-binary	<input type="checkbox"/> A different term: (please specify)	
DOB (dd/mm/yyyy):				Date of Parkinson's Diagnosis (yyyy):	
Diagnosed Condition	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> MSA	<input type="checkbox"/> PSP	<input type="checkbox"/> CBD	<input type="checkbox"/> Other:
Home address:					
Patient Phone Number:				Can the patient be contacted by phone?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Patient Email:			
Does the patient have a carer/support person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Usual Living Arrangements:	<input type="checkbox"/> Alone <input type="checkbox"/> With Family/Partner/Carer <input type="checkbox"/> Aged Care Facility <input type="checkbox"/> Other:		

Details of Carer/Support person:	Name:				Ph:		
	Relationship to the Patient:	<input type="checkbox"/> Partner	<input type="checkbox"/> Son / Daughter	<input type="checkbox"/> Friend	<input type="checkbox"/> Support Worker	Other:	
Does the carer/support person need to be present during nursing assessments?					<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Patient/Client Details

GP Name and details: Provide details of GP's practice details, address, phone, etc.	
Neurologist / Geriatrician Name and details: Provide details of specialist's practice or office details, address, phone, etc.	

OHS

As the Parkinson's Nurse Specialist service is a home visiting service OHS is a major consideration.
Does the patient and/or the patient's home environment pose any OSH risk?

Primary Reason for Referral

Please include reason for referral, description of problem or issue as identified by the referrer or patient, for example relevant medical conditions, reason for admission, mobility, fall risk or cognition issues.

Consent For Referral

Has consent been provided for this referral?

☐ Yes ☐ No

If not patient, consent provided by:

Ph:

Relationship to the Patient:

Referrer Details

Name of Referrer:		AHPRA Registration or Provider Number:	
Organisation Name:		Referrer Role:	
Referrer Email:		Referrer Phone:	
Date referral form completed:			

Submit completed form to Parkinson's WA.

Please attach a copy of recent health summary, clinical letters, medication profile or discharge summary (where available).

Submit via email info@parkinsonswa.org.au or fax: 08 6457 7374.

CONFIDENTIALITY NOTICE: This email/facsimile transmission may contain confidential information, which is legally protected. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please immediately notify Parkinson's WA by phone on (08) 6457 7373.