Austin Neurology – Peripheral Neuropathy Referral Template

Please ensure the following history and investigations have been completed and addressed prior to referring for assessment of patients with neuropathies.

Please attach all relevant investigation results to the referral.

Referral Type
☐ Routine
☐ Urgent *(see Red Flags below)*

Red Flags (Urgent Referral – tick if present)

☐ Rapidly progressive neuropathy (days–weeks)
☐ Significant motor weakness (especially proximal or affecting function)
☐ Cranial nerve involvement (e.g. diplopia, facial weakness, bulbar symptoms)
☐ Respiratory involvement or dyspnoea suggestive of neuromuscular weakness
☐ Autonomic dysfunction (e.g. syncope, marked postural hypotension, urinary retention)
☐ Severe gait impairment or recurrent falls
☐ Acute/subacute onset with systemic features (e.g. weight loss, fevers, malignancy concern)
☐ Suspected inflammatory neuropathy (e.g. Guillain-Barré syndrome or CIDP)

Presenting Features

☐ Sensory symptoms (numbness, tingling, paraesthesiae)
☐ Motor symptoms (weakness)
☐ Painful neuropathy
☐ Gait disturbance / falls
☐ Autonomic symptoms

Duration of symptoms: _____
Progression: ☐ Stable ☐ Slowly progressive ☐ Rapid

Relevant Medical History

☐ Diabetes
☐ Chemotherapy exposure
☐ Alcohol use (EtOH)
☐ Renal impairment
☐ Autoimmune disease
☐ Malignancy
☐ Other: _____

Medication History

☐ Amiodarone
☐ Statins
☐ Tacrolimus
☐ Antiretrovirals
☐ Levodopa
☐ Metformin
☐ Phenytoin
☐ Other: _____

Minimum Investigations (attach results)

☐ NCS
☐ FBE
☐ UEC
☐ LFTs
☐ TFTs
☐ CMP
☐ HbA1c and/or fasting glucose
☐ ANA
☐ ESR / CRP
☐ Serum protein electrophoresis and serum free light chains
☐ Syphilis serology
☐ Hepatitis B/C serology
☐ HIV serology
☐ Folate
☐ Vitamin B12
☐ Thiamine (B1)
☐ Vitamin B6 (pyridoxine)
☐ Methylmalonic acid ± homocysteine

Additional Investigations (if performed)

☐ Imaging (MRI/CT): _____
☐ Other: _____

Initial Management (if appropriate)

For painful neuropathy, consider trial of:
☐ Amitriptyline
☐ Gabapentin
☐ Pregabalin
☐ Other: _____