NHS SCOTLAND

NHS Greater Glasgow and Clyde

Referral Form to the National Deep Brain Stimulation Service for Movement Disorders

Please return to DBS administrator Margaret Reynolds, 6th floor, Institute of Neurosciences, Queen Elizabeth University Hospital, Govan Road, Glasgow, G51 4TF, Tel: 0141 232 7512 or Margaret.Reynolds@ggc.scot.nhs.uk

PATIENT DETAILS

Forename:	**Surname:**	**DOB/CHI:**	**Patient tele no:**
Health Board Area and address:		**GP Address:**	

REFERRER DETAILS

Name/ Speciality :

Names of nurses or consultant involved if not referrer:

Diagnosis:

Short Clinical Summary: (please attach clinical letters if necessary)

Previous Medications – trialled / reasons for discontinuation:

Past Medical History : (Y/N – if Yes please detail)

Any possible anaesthesia concerns?
Any contraindications to MRI?
Any anticoagulants?

Cognition and mood: (Y/N – if Yes please detail)

Any concerns regarding cognition?
Any previous or ongoing mood issues?
Recent MOCA/MMSE or HADS or similar?

Speech and Gait: Any concerns about speech or gait? (Y/N – if Yes please detail)

(Y/N – if Yes please detail)

Any further comments from other team members?

Are expectations reasonable?

Would you like us to advise you on alternative advanced therapies if DBS is not an option?