

Referral to the NPH MDT

Please note:

If obstructive hydrocephalus suspected, then please urgently refer to the on-call neurosurgeon.

If non obstructive (“communicative” or “NPH”) suspected, please complete this form with the help of someone who knows the patient.

Please inform the patient of the suspected diagnosis and that you have made this referral. Keep in mind that NPH is a clinical -not radiological- diagnosis: it typically starts with progressive decline in mobility followed by equally progressive but less prominent decline in bladder and cognitive function. Neurodegenerative diseases and/or cerebrovascular disease frequently coexist/mimic NPH: therefore, please provide details on patient’s vascular risk factors, cognitive performance (eg MMSE) and neurological examination (e.g. tremor, rigidity, bradykinesia)

The treatment of NPH is the neurosurgical placement of a “shunt” into the ventricle of the brain under a general anaesthetic; therefore, please provide details on patient’s (cardiovascular) fitness and any life limiting conditions.

The patient must have been reviewed by a senior doctor.

For in-patients: if patient risks losing his/her mobility or has already done so then don’t discharge as they may need further assessments as in-patient unless patient is currently suffering an intercurrent illness as the cause of deterioration.

First name	Surname	dob
Gender: male <input type="checkbox"/> female <input type="checkbox"/>		
NHS nr:	Address (if not NCA referral):	
Referring hospital/GP practise:		
Name of consultant/GP:		
Name of referrer:	Role of person completing the form:	
Type of imaging performed: CT <input type="checkbox"/> MRI <input type="checkbox"/>	imaging date:	imaging location:
Patient location: home <input type="checkbox"/> residential home <input type="checkbox"/> nursing home <input type="checkbox"/> hospital <input type="checkbox"/> other:		

Please briefly outline patient's history and reason for referral:










Does the patient suffer any life-limiting conditions? no if yes please provide details:

If in-patient: does the patient suffer an intercurrent illness? no if yes please provide details:

Does the intercurrent illness have a likely significant impact on any of the "triad" symptoms (mobility, bladder, cognition) yes no

Please chose one of the following:

Clinical Frailty Scale

<p> 1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p> <p> 2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p> <p> 3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p> <p> 4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.</p> <p> 5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p> <p> 6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>	<p> 7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).</p> <p> 8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> <p> 9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.</p> <p>Scoring frailty in people with dementia</p> <p>The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.</p> <p>In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.</p> <p>In severe dementia, they cannot do personal care without help.</p>
---	---

Does the patient have mobility problems? If no , go to next box

When did they start? ___ years ago

How far can they walk? _____

Do they need a walking aid? no 1 stick 2 sticks frame unable to walk unable to stand

If unable to walk or stand: when were they last able to walk/stand: _____

Have they suffered falls? no sporadic frequent If yes, when did they start? _____

Does the patient have bladder problems (tick all that apply)? If no , go to next box

Frequency (less than every 2h)

Bladder urgency

Bladder urge incontinence

Bladder spontaneous incontinence

Bowel incontinence

When did it start? ___ years ago.

Does the patient have cognitive problems (chose one)? If no , go to next box

What impact does the cognitive impairment have on the patient's independence in ADLs:

Fully independent

Mildly dependent

Moderately dependent

Fully dependent

When did it start? ___ years ago

MMSE: ___/30 (if available)

Past medical history (tick all that apply)

Previous bleed in the brain

Previous infection of the brain

Previous severe head injury

Smoker

Excess alcohol previous (___ yrs. ago)

Hypertension

Diabetes

Stroke

Heart attack

Parkinson's

Dementia

Osteoarthritis/prostheses (knees, hips or ankles)

Lumbar spine disease/surgery

Claudication

Rheumatological disease

Prostate (men only)/bladder disorder

Peripheral arterial disease

Other

Is the patient on any blood thinning medication? yes no details:

Does the patient suffer conditions with likely impact on fitness for surgery (e.g. CCF, COPD)?

Examination findings (?signs of competing/confounding conditions)

Parkinsonism

UMN signs (weakness, spasticity, brisk reflexes, extensor plantars)

LMN signs (weakness, absent reflexes, numbness)

Other: