Suspected trigeminal neuralgia: referral

Assume that today's date is 5 November 2026. Ms Gifford has attended your general practice today. This is original independent practice material. You are a general practitioner. Using the case notes, write a referral letter to Dr Liv Mende, Neurologist, Specialist Facial-Pain Clinic, 24 Queen Street, London SW1A 2AB, United Kingdom. Request diagnostic assessment and management advice for Ms Violeta Gifford's recurrent facial pain, distinguishing her symptoms from the completed dental assessment. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Violeta Gifford	☐	☐	☐
2. DOB: 16/03/1968 (58 yrs)	☐	☐	☐
3. GP consultation today: 05/11/26; first medical assessment of pain	☐	☐	☐
Social background			
4. Lives independently; works part-time as an accounts assistant	☐	☐	☐
5. Enjoys gardening; recently joined a local history group	☐	☐	☐
6. Discussed daughter's marital difficulties; daughter unaware of disclosure	☐	☐	☐
Medical history			
7. No previous similar facial pain or facial shingles	☐	☐	☐
8. Appendicectomy aged 19; uncomplicated recovery	☐	☐	☐
9. Regular medicines: nil; no known drug allergies	☐	☐	☐
Symptoms			
10. 6/52 severe electric-shock pain: R cheek → upper lip	☐	☐	☐
11. Attacks last 5–20 seconds; approximately 10/day	☐	☐	☐
12. Triggers: washing face, brushing teeth, light breeze	☐	☐	☐
13. Pain-free between attacks; no continuous background ache	☐	☐	☐
14. No attacks waking her from sleep	☐	☐	☐
15. Avoiding brushing affected side; ↓ social outings through fear	☐	☐	☐
16. Eating/drinking adequately; weight unchanged	☐	☐	☐
17. No persistent numbness, visual disturbance or limb weakness	☐	☐	☐
Completed dental assessment			
18. 28/10/26 dentist: examination + dental radiographs; no dental cause identified	☐	☐	☐
19. No dental treatment recommended; written report available	☐	☐	☐
20. Old filling in left lower molar unchanged	☐	☐	☐
Examination today			
21. Alert, comfortable between attacks; afebrile	☐	☐	☐
22. Cranial nerves normal, including facial sensation	☐	☐	☐
23. No facial swelling or visible oral lesion	☐	☐	☐
24. No temporomandibular joint tenderness or restricted opening	☐	☐	☐
25. Limb examination: no focal neurological deficit	☐	☐	☐
Treatment/Progress			
26. Tried paracetamol; no relief	☐	☐	☐
27. No nerve-pain medicine started; patient prefers specialist review first	☐	☐	☐
28. Agreed to record attacks and triggers	☐	☐	☐
Plan			
29. Suspected trigeminal neuralgia; diagnosis not established	☐	☐	☐
30. Refer neurologist: diagnostic review; advice on investigations and management	☐	☐	☐
31. GP review next week while awaiting appointment	☐	☐	☐
32. Enclose dentist's report with referral	☐	☐	☐

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