

Paediatric Neurology Referral Form



In order to help us better meet the needs of the children referred to our Paediatric Neurology clinic, we require that the following information be completed. Please fax the completed form to 519-685-8350. Thank you in advance for your assistance.

Today's date:	
Requesting Practitioner:	
Office Address:	
Office telephone number:	
Office fax number:	

Patient name:	
Health Card Number:	
Patient's Date of Birth:	
Patient Address:	
Patient Phone Number:	
Alternative Number:	
Is an interpreter required? If so, what language?	

Reason for Consult :

- | | | | |
|--------------------------------------|---|---|--------------------------------|
| <input type="radio"/> Cerebral Palsy | <input type="radio"/> Developmental Delay | <input type="radio"/> Neuromuscular | <input type="radio"/> Headache |
| <input type="radio"/> Head Injury | <input type="radio"/> Movement Disorder | <input type="radio"/> Seizures/Epilepsy | <input type="radio"/> Stroke |
| <input type="radio"/> Other _____ | | | |

Do you think this referral is: Urgent Non-Urgent

Have you spoken with a Pediatric Neurologist: Yes No

If yes, when and whom _____

Is this a second opinion? Yes No

Is the patient/family aware of the diagnosis? Yes No

Briefly describe the:

1. Event:

2. Onset:

3. Frequency:

Has treatment been started? Yes No
If so what medication?

If needed, are you willing to start treatment under the guidance of a Neurologist? Yes No

List all current medications/dosages/frequency

Neurologic Exam: Normal Abnormal
Abnormal findings:

Fundoscopy exam: Normal Abnormal
Abnormal Findings: _____

EEG completed: Yes No
Date/Results: _____ **Reports attached:** Yes No
If seizures are suspected, please order an EEG, as results may expedite referral

Diagnostic Imaging completed: Yes No
Date/Results: _____ **Reports attached:** Yes No

Please assure all accompanying information, such as imaging, investigations and other consult summaries are sent to our office along with this referral. Please contact us if you have any questions or concerns.