REFERRAL FORM (LHSC PED)

For use of Paediatric Emergency Department at LHSC only.

Children's Hospital
London Health Sciences Centre

COMPREHENSIVE PAEDIATRIC HEADACHE CENTRE

Division of Paediatric Neurology
Children's Hospital, London Health Sciences Centre
800 Commissioners Rd. E., London, ON N6A 5W9

Tel: 519-685-8500 x57455 | **Fax: 519-685-8350**

Date of Referral: _____

Urgency: ☐ Urgent ☐ Non-urgent
If URGENT, indicate why: _____

Patient Information

Name: _____
PIN #: _____
HCN: _____
DOB: _____ Gender: _____
Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ _____

Address: _____
Telephone: _____
Email: _____
Guardian name(s): _____
Language(s) spoken: _____

Interpreter required? ☐ No ☐ Yes

Referring Provider Information

Name: _____
CPSO/CNO #: _____

PCP Name: _____
PCP Telephone: _____

Reason for Referral

What is the clinical question or concern?

_____

_____

_____

Are any of the following present or suspected?

Moderate to severe headache intensity?	☐ No	☐ Yes
Throbbing or pulsatile quality of headache?	☐ No	☐ Yes
Missed school days or activities due to headache?	☐ No	☐ Yes
Secondary cause of headache?	☐ No	☐ Yes

If secondary cause suspected, why? _____

Headache onset: when did the headache start? _____

Headache frequency: ☐ Intermittent: _____ days/**week** _____ days/**month** _____ days/**year**
☐ Daily
☐ Daily and constant (24/7)

Neurologic exam: ☐ Normal ☐ Abnormal: _____
Fundoscopy exam: ☐ Normal ☐ Abnormal: _____
Last eye exam: ☐ Normal ☐ Abnormal: _____
Neuroimaging completed? ☐ No ☐ Yes *(attach report, if external to LHSC)*

ER visits for headache treatment: _____ times per year

MEDICATIONS

Suspected analgesia overuse? (>2-3 days per week) ☐ No ☐ Yes *(list below)*
Previous prescription medication(s) for headache? ☐ No ☐ Yes *(list below)*

Acute/Rescue	Dose	Previous	Current	# of days used per month
Triptan(s)		☐	☐	
Triptan(s)		☐	☐	
NSAID(s) Ibuprofen		☐	☐	
NSAID(s)		☐	☐	
Acetaminophen		☐	☐	
		☐	☐	

Preventative	Dose	Previous	Current	Outcome/Side Effects
Amitriptyline		☐	☐	
Topiramate		☐	☐	
Propranolol		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

Please Attach: Investigations, imaging results, and other headache consults/notes.

Before sending referral, or while awaiting headache centre appointment, please review treatment guidelines:
https://migrainecanada.org/wp-content/uploads/2026/06/Pediatric_Dosing_guide_2026.pdf

Our clinic has a long wait list to see new patients, if your patient needs to be seen urgently, please consider a referral to pediatric neurologists/community partners of the Comprehensive Paediatric Headache Centre. Please check our website for the list: Dr. Stephanie Hammond, Dr. Hema Puroshotham and Dr. Hema Gangnam
Please note that as headache is a tertiary specialty, we may not be able to follow this patient long-term. This patient may be discharged to their PCP after a few appointments with recommendations provided.