REFERRAL FORM

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 ☐ Semi-Urgent ☐ Non-Urgent
If URGENT, indicate why: _____

Patient Information

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

Address: _____
Telephone: _____
Guardian name(s): _____
Language(s) spoken: _____
Interpreter required? ☐ No ☐ Yes

Referring Provider Information

Name: _____
Organization: _____
Address: _____
Telephone: _____
Fax: _____

☐ Referring provider is not the Primary Care Provider
PCP Name: _____
PCP Telephone: _____

Reason for Referral

What is the clinical question or concern?

_____

Headache Frequency: _____ days per **week**
_____ days per **month**
_____ days per **year**

Duration: ☐ Intermittent ☐ Daily ☐ Daily and constant

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? _____

Neurologic exam: ☐ Normal ☐ Abnormal: _____
Fundoscopy exam: ☐ Normal ☐ Abnormal: _____
Last eye exam: ☐ Normal ☐ Abnormal: _____ Date: _____ *(attach report)*

Neuroimaging completed? ☐ No ☐ Yes *(attach report, if external to LHSC)*
Prior headache specialist seen? ☐ No ☐ Yes *(attach report)*
Headache diary kept? ☐ No ☐ Yes *(attach, if available)* *Canadian Migraine Tracker app recommended.*

school days missed (per year): _____
ER visits: _____
visits to see you: _____

MEDICATIONS

Acute/Rescue		Dose	Previous	Current	# of days used per month
Triptan(s)			☐	☐	
			☐	☐	
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/pediatric-dosing-guide/

Please note that as headache is a tertiary specialty, we may not be able to follow your patient long-term. Your patient may be discharged back to your care after a few appointments with recommendations provided.