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**

Children's Hospital
London Health Sciences Centre

Date of Referral: _____

Urgency: ☐ 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): _____
Email: _____
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 onset: when did the headache start? _____

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

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 (per year): _____
visits to see you (per year): _____

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/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.