

## Neurology Clinic Referral Form

Patient Demographics

Please detail your specific question for consultation (required):

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<b>Date of Referral:</b>	(dd/mmm/yyyy)
<b>Reason for Referral:</b>	<input type="checkbox"/> Headache (please include a list of all medication trials including dose and duration of trial, and reason for stopping) <ul style="list-style-type: none"> <li><input type="checkbox"/> Migraine (must have failed trial of at least 1 abortive and 2 prophylactic medication)    <input type="checkbox"/> Trigeminal autonomic cephalalgia</li> <li><input type="checkbox"/> Trigeminal neuralgia    <input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Movement disorders: <ul style="list-style-type: none"> <li><input type="checkbox"/> Restless Legs (include 5 recent [6 mo] ferritin and CBC, prior sleep reports, and list of prior medication trials including dose and duration)</li> <li><input type="checkbox"/> Tremor                                      <input type="checkbox"/> Parkinsonism                                      <input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Epilepsy (include list of current and prior medications, dose, and reason for stopping if applicable) <b>*Please send results from prior EEG and imaging. For recent seizures, please indicate in your referral if Ministry of Transportation Ontario has been sent.</b> <input type="checkbox"/> Neuromuscular (include prior imaging and nerve studies if applicable) <b>*Please indicate if there is a significant functional impairment, i.e., Falls, etc.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Polyneuropathy (include recent screening bloodwork: LFTs, Cr, A1c, B12, TSH, SPEP, etc.)    <input type="checkbox"/> Radiculopathy    <input type="checkbox"/> Myopathy</li> <li><input type="checkbox"/> Myasthenia Gravis    <input type="checkbox"/> ALS                                      <input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Multiple Sclerosis

**NOTE: Referrals for the following will NOT be accepted:**

- Stroke (refer to stroke prevention clinic)
- Dementia, except in the case of rapidly progressive dementia or atypical features (refer to geriatrics or memory disorders clinic)
- Chronic pain and chronic fatigue without neurological symptoms (including Myalgic Encephalomyelitis – Chronic Fatigue Syndrome [ME-CFS])
- Concussion and post-concussion syndrome (consider referral to concussion clinic at The Rehab Center [TRC], The Ottawa Hospital)
- Long-COVID
- Second opinion is already seen by a neurologist for the same condition (not including transfer of care, in the case of patients whose neurologist has retired)
- Quebec residents

**Please note that in most cases patients will be seen for single consultation only, with management to be transferred back to family physician once relevant workup is complete.**

Referring Physician (Print Name): \_\_\_\_\_ CPSO #: \_\_\_\_\_

Referring Physician (Signature): \_\_\_\_\_ Fax #: 613-732-6350