

Neurology Clinic Referral Form

Patient Demographics

Please detail your specific question for consultation (required):

Date of Referral:	(dd/mm/yy)
Reason for Referral:	<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"> <input type="checkbox"/> Migraine (must have failed trial of at least 1 abortive and 2 prophylactic medication) <input type="checkbox"/> Trigeminal autonomic cephalgia <input type="checkbox"/> Trigeminal neuralgia <input type="checkbox"/> Other <input type="checkbox"/> Movement disorders: <ul style="list-style-type: none"> <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) <input type="checkbox"/> Tremor <input type="checkbox"/> Parkinsonism <input type="checkbox"/> Other <input type="checkbox"/> Epilepsy (include list of current and prior medications, dose, and reason for stopping if applicable) *Please send results from prior EEG and imaging. For recent seizures, please indicate in your referral if Ministry of Transportation Ontario has been sent. <input type="checkbox"/> Neuromuscular (include prior imaging and nerve studies if applicable) *Please indicate if there is a significant functional impairment, i.e., Falls, etc. <ul style="list-style-type: none"> <input type="checkbox"/> Polyneuropathy (include recent screening bloodwork: LFTs, Cr, A1c, B12, TSH, SPEP, etc.) <input type="checkbox"/> Radiculopathy <input type="checkbox"/> Myopathy <input type="checkbox"/> Myasthenia Gravis <input type="checkbox"/> ALS <input type="checkbox"/> Other <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