

# Paediatric Neurology

## Referral Form



In order to help us better meet the needs of the children referred to our Paediatric Neurology clinic, we require that the following information be completed. Please fax the completed form to 519-685-8350. Thank you in advance for your assistance.

Today's date:	currentDate.default
Requesting Practitioner:	patMdName
Office Address:	patMdAddress
Office telephone number:	currMdPhone.default
Office fax number:	currMdFax.default

Patient name:	patName
Health Card Number:	patHN
Patient's Date of Birth:	patBirthdate.default
Patient Address:	patAddressLabel
Patient Phone Number:	patHomePhone.default
Alternative Number:	patMobilePhone.default
Is an interpreter required? If so, what language?	

### Reason for Consult :

- ☐ Cerebral Palsy      ☐ Developmental Delay      ☐ Neuromuscular      ☐ Headache  
☐ Head Injury      ☐ Movement Disorder      ☐ Seizures/Epilepsy      ☐ Stroke  
☐ Other \_\_\_\_\_

Do you think this referral is:      ☐ Urgent      ☐ Non-Urgent

Have you spoken with a Pediatric Neurologist:      ☐ Yes      ☐ No

If yes, when and whom \_\_\_\_\_

Is this a second opinion?      ☐ Yes      ☐ No

Is the patient/family aware of the diagnosis?      ☐ Yes      ☐ No

**Briefly describe the:**

**1. Event:**

**2. Onset:**

**3. Frequency:**

**Has treatment been started?** ☐ Yes ☐ No  
**If so what medication?**

**If needed, are you willing to start treatment under the guidance of a Neurologist?** ☐ Yes ☐ No

**List all current medications/dosages/frequency**

**Neurologic Exam:** ☐ Normal ☐ Abnormal  
**Abnormal findings:**

**Fundoscopy exam:** ☐ Normal ☐ Abnormal  
**Abnormal Findings:** \_\_\_\_\_

**EEG completed:** ☐ Yes ☐ No  
**Date/Results:** \_\_\_\_\_ **Reports attached:** ☐ Yes ☐ No  
**If seizures are suspected, please order an EEG, as results may expedite referral**

**Diagnostic Imaging completed:** ☐ Yes ☐ No  
**Date/Results:** \_\_\_\_\_ **Reports attached:** ☐ Yes ☐ No

**Please assure all accompanying information, such as imaging, investigations and other consult summaries are sent to our office along with this referral. Please contact us if you have any questions or concerns.**