NeuroCare
NEUROLOGY, NEUROPHYSIOLOGY AND BRAIN HEALTH

Dr. Neha Arora, MD, FRCPC
Dr. Ervin L. Johnson III, MD, PhD, DABPN
Dr. Dragos A. Nita, MD, PhD, FRCPC
Dr. Jerry Yeou-Wei Chen, MSc, MD, FRCPC
Dr. Abhishek Purohit, MD, DABPN, FRCPC
Dr. Jeremy D. Zung, MD, FRCPC

Address: Unit 401 - 1110 Sheppard Av. East, North York, ON M2K 2W2

Phone: (416) 224-1922 | Fax: (416) 224-0056
Email: neurocare.neurology@rogers.com | http://www.neurocare.ca

REFERRAL FORM - NEUROLOGY AND NEUROPHYSIOLOGY

1 PATIENT INFORMATION:

Last Name, First, Middle _____

Gender: ☐ Female ☐ Male ☐ Other _____

DOB (DD/MM/YYYY) _____

HC Number _____ Version Code _____

Street Address _____

City _____

Province _____ Postal Code _____

Home Phone (____)_____ Work Phone (____)_____

Mobile Phone (____)_____ Best Time to Contact _____

Preferred Method of Contact: ☐ Home ☐ Work ☐ Mobile ☐ Email

Interpreter required: ☐ No ☐ Yes - Language _____

Email _____

2 REFERRING PRACTITIONER INFORMATION:

First Name _____

Last Name _____

OHIP License # _____

Registration # _____

Street Address _____

City _____

Province _____ Postal Code _____

Office Phone (____)_____

Fax (____)_____

Office Email _____

Signature: _____

3 CLINICAL INFORMATION (PLEASE INCLUDE REASON FOR CONSULTATION OR TESTING AND RELEVANT INVESTIGATIONS):

_____

_____

_____

_____

_____

_____

_____

CURRENT MEDICATION: _____

☐ **NEUROLOGY CONSULT (Adult Neurology)**

☐ **NEUROLOGY CONSULT (Pediatric, Neonatal, Fetal Neurology)**

☐ **NEUROPHYSIOLOGY (EEG, Video EEG Monitoring, Electromyogram, Nerve Conduction Studies, EP, Neuromodulation)**

5 PRIORITY / DESIRED INTERVAL:

_____

4

Electroencephalogram (EEG)

☐ Routine video EEG (30 min. recording)

(indicated for episodes of LOC, new seizures, generalized epilepsy, suspected encephalitis, neurodegeneration, epileptic headaches, etc.)

☐ Sleep deprived video EEG (60 min. recording)

(routine EEG normal but suspected epilepsy, focal epilepsies, nocturnal events, etc.)

Neuromuscular / EMG / NCS

☐ Neuromuscular Assessment

Indicate if your patient has any :	YES	NO
Cardiac pacemaker	☐	☐
Implantable defibrilator	☐	☐
Central line or guidewire	☐	☐
External pacing wires	☐	☐
Bleeding disorder or anticoagulation	☐	☐

Evoked Potentials (EP)

☐ Brainstem auditory (BAEP)

☐ Somatosensory (SSEP)

☐ Visual (VEP)

Neuromodulation

☐ VNS programming

☐ **Video EEG Monitoring (daytime) - please indicate above goals and requirements, need for sleep deprivation, etc.)**