

REFERRAL FOR CONSULTATION

== NEUROLOGY CENTRE OF TORONTO (NCT) ==

Evan Lewis, MD, FRCPC ♦ Dragos Nita, MD, FRCPC ♦ Maryam N. Nouri, MD, FRCPC

PATIENT CONTACT INFORMATION

Last Name: Street Address:
First Name: City:
Date of Birth: Postal Code:
OHIP Number: Home Phone:
Version Code: Mobile Phone:
Email:

Affix Patient Label Here

PATIENT PRIMARY ISSUE

- Concussion Developmental Delay Epilepsy Headache
 Neuromuscular Stroke Tics/Abnormal Mvmt Other:

Would you like this patient to be seen by Teleneurology? Yes No

Please ensure a completed Form TM-1 (Teleneurology Booking Form) accompanies this referral form for teleneurology patients.

REFERRAL INFORMATION: include relevant laboratory, imaging, neurophysiology results, etc.

URGENT: NON-URGENT:

Urgent patients will be seen within 3 – 5 business days of receipt of this form.

Please inform patient/family to reply promptly to emails or telephone calls from NCT to facilitate this timeline.

Urgent Patients send email to admin@neurologycentretoronto.com with the name and date of birth of the patient and patient will be booked accordingly
Non-Urgent Patients NCT will contact the patient/family directly to arrange the appointment

Referring Individual: Staff MD CPSO Number:

Referring Staff MD: Staff MD Billing Number:

Staff MD Contact Information (Name of Practice, Address, Phone & Fax):

Staff MD Signature: Current Date:

Send completed consultation to Neurology Centre of Toronto (NCT) by fax (416-860-7559) or email (admin@neurologycentretoronto.com)