

**REFERRAL FOR CONSULTATION**  
== NEUROLOGY CENTRE OF TORONTO (NCT) ==

♦ Dragos Nita, MD, FRCPC ♦ Evan Lewis, MD, FRCPC ♦ Koorosh Shirkoob, MD, FRCPC ♦ Lucia Capano, MD, FRCPC ♦  
♦ Maryam N. Nouri, MD, FRCPC ♦ Shreyans Shah, MD, FRCPC ♦ Christie Tait, MN, NP-PHC ♦  
**Allied Health Team:** Keren Chen (Nutrition) ♦ Jenni Diamond (Occupational Therapy) ♦ Laura Bradbury (CBT)

**PATIENT CONTACT INFORMATION**

|                 |               |                |
|-----------------|---------------|----------------|
| Last Name:      | First Name:   | Date of Birth: |
| OHIP #:         | Version Code: |                |
| Street Address: | Unit #:       | City:          |
| Postal Code:    | Home Phone:   | Mobile Phone:  |

**REASON FOR REFERRAL**

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Concussion/Post-Concussion | <input type="checkbox"/> Developmental Delay                 | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Headache                  |
| <input type="checkbox"/> Neuromuscular              | <input type="checkbox"/> Stroke                              | <input type="checkbox"/> Tics/Abnormal Movement | <input type="checkbox"/> Other                     |
| <b>Allied Health:</b>                               | <input type="checkbox"/> Cognitive Behavioural Therapy (CBT) | <input type="checkbox"/> Nutrition              | <input type="checkbox"/> Occupational Therapy (OT) |

**Telemedicine?**  Yes  No  
*Telemedicine requests require a completed Teleneurology Booking Form (Form TM-1).*

**Medical-Legal Clinic**  Yes  No  
*Contact [coordinator@neurologycentretoronto.com](mailto:coordinator@neurologycentretoronto.com) for all medical-legal requests*

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

**URGENT:**  **NON-URGENT:**

*Urgent patients will be seen within 3-7 business days of receipt of this form.  
Contact [admin@neurologycentretoronto.com](mailto:admin@neurologycentretoronto.com) for all urgent requests*

|   |   |
|---|---|
| Referring Individual:   | MRP CPSO Number (physicians):           |
| Most Responsible Practitioner (MRP):                              | MRP Billing Number (physicians or NPs): |
| MRP Contact Information (Name of Practice, Address, Phone & Fax): |   |
| MRP Signature:  | Current Date:                           |

*Send completed consultation requests to Neurology Centre of Toronto (NCT) by  
**Fax:** 416.860.7559 or **Email:** [admin@neurologcentretoronto.com](mailto:admin@neurologcentretoronto.com)*