

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) ♦ Laura Bradbury (Cognitive Behavioural Therapy) ♦
Jenni Diamond (Occupational Therapy) ♦ Vanessa Foucher (Physiotherapy)

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 |
| Allied Health: <input type="checkbox"/> Cognitive Behavioural Therapy <input type="checkbox"/> Nutrition <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy | | | |

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

Medical-Legal Clinic Yes No
Contact coordinator@neurologycentretoronto.com for all medical-legal requests

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

URGENT: **NON-URGENT:**

*Urgent patient referrals will be reviewed at the discretion of the Neurologist.
Contact 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*