

**TELENEUROLOGY BOOKING FORM**  
== NEUROLOGY CENTRE OF TORONTO (NCT) ==

**PATIENT CONTACT INFORMATION**

Name (Last, First):

Date of Birth:

Home Address:

Affix Patient Label Here  
(include home address)

**TELENEUROLOGY APPOINTMENT TYPE (select one)**

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- Confirm with patient that he/she has access to:
- At Home**
- Device (e.g. desktop/laptop computer, tablet or smartphone)
  - Wi-Fi connection
  - Camera (external or internal) for device
  - Microphone (external or internal) for device

NCT will contact the patient/family directly to arrange the appointment

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- Designated Telemedicine Site**
- If known, provide details for closest site:
- Site Name: \_\_\_\_\_
- Site Address: \_\_\_\_\_
- Site Phone: \_\_\_\_\_

NCT will contact the patient/family directly to arrange the appointment

*Ensure that a "Referral for Consultation" form [Form R-1] has been completed and accompanies this form*

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Referring Individual Name:

Health Region (if known):

Referring Individual Practice/Hospital Name:

Referring Individual Practice/Hospital City:

Referring Staff MD Name:

Current Date:

Referring Individual or Staff MD Signature: \_\_\_\_\_

**Send this completed form and Form R-1 to Neurology Centre of Toronto (NCT) by fax (416-860-7559) or email (admin@neurologycentretoronto.com)**