

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

♦ Dragos Nita, MD, FRCPC ♦ Evan Lewis, MD, FRCPC ♦ Koorosh Shirkoob, MD, FRCPC ♦ Yue Jiang, MD, FRCPC ♦
♦ Ervin Johnson, MD, FRCPC ♦ Shreyans Shah, MD, FRCPC ♦ Christie Tait, MN, NP-PHC ♦ Kevin Le, CCPA ♦

Allied Health Team: Nutrition ♦ Occupational Therapy ♦ CBT/Psychotherapy ♦ 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 (CBT/Psychotherapy)	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Occupational Therapy (OT)
	<input type="checkbox"/> Physiotherapy (PT)		

Telemedicine? Yes No

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

URGENT: **NON-URGENT:**

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@neurologycentretoronto.com*