



**DIVISION OF NEUROLOGY
CONSULTATION REQUEST**
Phone: 604-875-2121 Fax: 604-875-2285

Urgent Routine

(Urgent referrals *MUST* be discussed with the Neurology on-call team)
The referral will be prioritized by a Neurologist. Family will be contacted directly once an appointment is booked.
 Please fax completed form and attachments to 604-875-2285.

Date of Referral:	Neurologist Requested:(optional)
Patient Name:	PHN: <input type="checkbox"/> M <input type="checkbox"/> F
Legal Guardian name:	DOB (YYYY/MM/DD):
Address:	Home Phone #: Alternative #:
Interpreter required: <input type="checkbox"/> Yes, language: _____ <input type="checkbox"/> No	Referring Physician: MSP#:

IMPORTANT: Please outline the neurological concerns, relevant history and specific question(s) to be answered. Referrals with inadequate or missing information will be returned.

Please attach any of the following reports if available: Pediatricians or involved physicians' consult letter
 Neuroimaging Blood work Genetic/Metabolic testing Developmental assessment EEG, if requested, where? _____
 Psyched testing Hearing or ophthalmology assessment Head circumference chart (**must** include for head size related concerns)

Reason for referral: (Please include consult and pediatric letter):

(Urgent referrals only) Referral discussed with on call Neurology team? Yes, Whom? _____
 No, Please page on call neurology at 604-875-2161

Duration of the patient's problems?

Has the patient been previously seen by Neurology? Yes, Whom? _____ No

Referral confirmation will be sent to referring physician's office once referral triaged. Family are advised to go back to their referring physician's office if conditions changed and required sooner appointment. No re-triaging will be considered unless there are updated information faxed or one of the Neurologists has been consulted.