

Referral Form for Neurology Clinics;
Geriatric General Neurology, Movement Disorders
& Spasticity Management

Email: neuroclinics@baycrest.org OR Fax Referral to 647-788-4886

Call: 647-788-2727

Referral date (dd/mm/yyyy): _____

Client Information				
Name (last/first): _____ Gender: _____ Date of Birth (dd/mm/yyyy): _____				
Health Card #: _____ Version Code ____ Expiry Date: (dd/mm/yyyy): _____				
Preferred Language: English <input type="checkbox"/> Other <input type="checkbox"/> _____ Interpreter Required? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Primary Contact (last name/first name) _____ Phone #: _____				
Relationship to client (self/SDM/POA) _____ Email: _____				
Address: Street Name and Number: _____				
City: _____ Province _____ Postal Code: _____				
Instructions: Please indicate the reason for referral and complete the medical information section and check preferred services.				
<input type="checkbox"/> Geriatric General Neurology	<input type="checkbox"/> Movement Disorders	<input type="checkbox"/> Spasticity	Status: <input type="checkbox"/> Routine <input type="checkbox"/> High Priority	<input type="checkbox"/> First available appt. <input type="checkbox"/> Dr. _____ only
Please provide a brief history of the reason for referral and identify primary concern and comorbidities (if applicable).				
Reason for Referral:				

Please attach the following information:			
Past Medical History-			
Medication List/ Allergies-			
Test Results (including MOCA cognitive scores, lab and imaging results i.e. brain/spine MRI, other)			
Relevant Consultation reports (e.g. Neurology, Geriatrics)			
Infection Status: MRSA <input type="checkbox"/> VRE <input type="checkbox"/> Other: _____			
Coordinated Care Plan			
Name of Family MD	Last Assessment Date	Telephone	Fax
Referring Source Information			
Name of Referring Physician/NP/Healthcare Professional	Telephone	Fax	
Signature of Referring Physician/NP/Healthcare Provider	Billing #	Date (dd/mm/yyyy)	

* Required Information > referrals will be returned if incomplete