

**NEUROLOGY DIVISIONAL OFFICE**

**Phone: (613) 548-2472**

**New Central Referral Intake – Fax # 613-548-6137**

**SOUTH EASTERN ONTARIO HEALTH SCIENCES CENTRE  
REQUEST FOR "NEW" NEUROLOGICAL CONSULTS**

**\*\*\* ALL URGENT REFERRALS SHOULD BE DISCUSSED WITH THE PHYSICIAN ON  
CALL TO ESTABLISH THE LEVEL OF PRIORITY 613-548-3232\*\*\***

Patient Demographics: Print or Label

Today's Date: \_\_\_\_\_

CR# \_\_\_\_\_

Last Name:	First Name:
Previous Name:	DOB (Y-M-D)
Address:	
City:	Postal Code:
Phone: 1)	2)
Health Insurance:	Version code:

Ref Physician: \_\_\_\_\_ OHIP Billing # \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ext \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Ph ( ) \_\_\_\_\_ Fx ( ) \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous relevant imaging Yes \_\_\_ No \_\_\_ Location \_\_\_\_\_ CT \_\_\_\_\_

- Please send only information pertinent for triaging current referral
- All appointments will be booked in the next available time slot.

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