

Referral Form

Functional Neurological Disorders (FND) Neuropsychiatry Clinic

Clinic Scope:

This sub-specialty neuropsychiatry clinic, within Sunnybrook’s Department of Psychiatry, focuses specifically on education/counseling, formulation and the development of management strategies for FND. We are NOT providing a “second-opinion” neurological consultation. Referrals to this clinic are only accepted if a patient has already received a diagnosis of FND from a neurologist (including relevant investigations ruling out evidence of structural neurological disease). This clinic operates on a model of providing one-time consultations with recommendations sent back to the GP/referring MD for ongoing follow-up. Given that patients are referred from across Ontario, we are currently running the clinic virtually via video consultation.

Patient Information:

Name _____
 DOB ____/____/____ HCN _____ VC _____
 Sunnybrook MRN (if available) _____
 Phone # _____
 Email (if on file and patient consents to email communication) _____
 Address _____
 GP/Family Doctor _____ Fax: _____

Brief History/Reason for Referral:

Eligibility Criteria:

I confirm the following criteria are met:

- FND diagnosis has been made by neurologist **A copy of the neurology consultation letter(s) establishing the diagnosis must be included/ attached to this referral form*
- Patient has core FND neurological symptoms as primary concern (e.g. functional paralysis, functional seizures, etc.)
**Due to high volumes, we are not able to accept referrals for chronic pain or other non-specific/unexplained somatic symptoms*
- No ongoing/pending litigation (e.g. personal injury/MVC) or WSIB claims
- No major comorbidities (e.g. psychotic disorder or other severe mental illness) that would limit participation and/or benefit from consultation
- Patient is aware of the referral and the scope of this clinic

Referring Physician Information:

Name _____ Specialty _____
 Fax # _____ Phone # _____ OHIP # _____
 Address _____

Signature _____ Date ____/____/____