



Centre for Neurovascular Intervention

Referral form

Phone: 416-480-6820

Fax: 416-480-4988

Neurovascular@sunnybrook.ca

Referral request:

- Earliest appointment Dr. Leo da Costa Dr. Ashish Kumar
 Dr. Anish Kapadia Dr. Christine Hawkes

Date (YYYY/MM/DD): _____

Patient Information:

Last Name: _____ First Name: _____

OHIP card: _____ Phone Number: _____

Physician Information:

Referring Physician: _____ OHIP billing#: _____

Office phone: _____ Office Fax: _____

URGENT REFERRAL: Yes No

Reason for referral:

(Please note that you will receive an answer to your request for urgent consultations, e.g. symptomatic carotid disease or large aneurysms, in 3 to 5 business days. These patients will be prioritized and seen very soon. Non-urgent referrals will be triaged accordingly.)

- | | |
|---|--|
| <input type="checkbox"/> Brain aneurysm | <input type="checkbox"/> Spinal arteriovenous malformation / fistula |
| <input type="checkbox"/> Brain arteriovenous malformation (AVM) / dural fistula | <input type="checkbox"/> Cavernous malformation |
| <input type="checkbox"/> Carotid stenosis | <input type="checkbox"/> Other |

For more information on Sunnybrook Center for Neurovascular Intervention or to use our e-referral form please visit:

www.sunnybrook.ca/neurovascular