

FAX

TO _____

FACILITY _____

DEPARTMENT _____

RECIPIENT'S _____

PHONE NO. _____

RECIPIENT'S _____

FAX NO. _____

DATE _____

(YYYY/MM/DD) _____

SENDER Outpatient Services _____

SENDER'S _____

PHONE NO. 416-224-6948 _____

SENDER'S _____

FAX NO. 416-226-3358 _____

SENDER'S _____

EMAIL _____

PAGES _____

(INC. COVER) _____

Urgent

Please Reply

For Review

Please Comment

OUTPATIENT NEUROLOGY REFERRAL REQUIREMENTS / CHECKLIST

In order for your referral to be processed for our **Outpatient Neurology Program**, please ensure your referral is **complete**, with the patient's name, address, telephone number, D.O.B., OHIP number, diagnosis, date of onset/surgery, program (i.e. neurology) and service(s) requested (i.e. physiotherapy treatment). A complete referral also requires the following reports:

Please review our checklist to ensure you have sent our requirements:

	Available	Not Available
1. CT scan results – of the head (<i>mandatory requirement</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2. Doctor's physical history and admission report (<i>mandatory requirement</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3. Results of the MRI of the head (<i>if available</i>)	<input type="checkbox"/>	<input type="checkbox"/>

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Outpatient Neurology Referral Requirements / Checklist (continued)

	Available	Not Available
4. Doctor's consultation notes, final notes, discharge summaries	<input type="checkbox"/>	<input type="checkbox"/>
5. Neurology reports, consults	<input type="checkbox"/>	<input type="checkbox"/>
6. Echocardiogram (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
7. Carotid, doppler (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
8. PT/OT/SLP/RN/SW admission, discharge, progress notes/reports	<input type="checkbox"/>	<input type="checkbox"/>
9. Speech Language Pathology (SLP) reports (mandatory If SLP is referred)	<input type="checkbox"/>	<input type="checkbox"/>
10. Swallowing assessment reports (if SLP is referred)	<input type="checkbox"/>	<input type="checkbox"/>

A complete referral enables our team to process your referral appropriately. Incomplete referrals will not be processed.

Thank you,

Referrals Coordinator
Outpatient Services
St. John's Rehab

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