

Heart and Health Clinic

Heart and Health at Escarpment

T: 289-760-9550

F: 905-296-3858

E: clinic@heartandhealth.ca

W: www.heartandhealth.ca

Our Clinic Location

Hamilton

204-565 Sanatorium Rd.,
Hamilton, ON L9C 7N4

NEUROLOGY REQUISITION FORM

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

First Name

Last Name

Health Card Number

Gender

Patient Email

Patient Telephone

Patient Address

DOB (MM/DD/YY)

REASON FOR REFERRAL - PLEASE SPECIFY

☐ Tardive dyskinesia

☐ Ataxis

☐ Parkinsonism
(Parkinson's disease and
atypical parkinsonism)

☐ Wilson's disease and other
neurometabolic or genetic
disorders causing movement disorders

☐ Dystonia
(including cervical, orofacial,
segmental, and generalized types) and
botulinum toxin (please include prior
injection note if available)

☐ Spastic paraplegia

☐ Tremors

☐ Myoclonus

☐ Other (please specify):

Please provide a brief history, primary
concern and reason for the referral:

☐ Patient has a presumed or
established diagnosis of a
movement disorder

☐ Pharmacological management
requires optimization

MEDICATIONS PREVIOUSLY TRIALED FOR CURRENT ISSUE
(PLEASE SPECIFY RESPONSE TO MEDICATION)

MEDICAL HISTORY

- Past medical history
- Medication list
- Test results completed within last 12 months
(including MRI, EEG, NCS/EMG, etc.)
- Relevant consultation reports (e.g. Neurology, Geriatrics, etc.)

REFERRING PHYSICIAN INFORMATION

Referring Physician Name

Office Address

Contact Phone

Contact Fax

Billing Number

Copy To

Referring Physician Signature