



FAX

TO		
FACILITY		
DEPARTMENT	SENDER	Jenese Usherwood Ambulatory Care
RECIPIENT'S PHONE NO.	SENDER'S PHONE NO.	416 224-6948
RECIPIENT'S FAX NO.	SENDER'S FAX NO.	416 226-3358
	SENDER'S EMAIL	jusherwood@stjohn srehab.com
DATE (YYYY/MM/DD)	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 (mandatory requirement)	<input type="checkbox"/>	<input type="checkbox"/>
2. Doctor's physical history and admission report (mandatory requirement)	<input type="checkbox"/>	<input type="checkbox"/>
3. Results of the MRI of the head (if available)	<input type="checkbox"/>	<input type="checkbox"/>

.../2

20033-N-08/08-AC

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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 (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>
7. Carotid, doppler (<i>if applicable</i>)	<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 (<i>mandatory If SLP is referred</i>)	<input type="checkbox"/>	<input type="checkbox"/>
10. Swallowing assessment reports (<i>if SLP is referred</i>)	<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.

Jenese Usherwood
Program Assistant
Ambulatory Care
St. John's Rehab

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