



# MINDS

Mississauga Institute of Neurological  
Disorders and Stroke

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## PHYSICIAN AND NURSE PRACTITIONER CO-MANAGEMENT SPECIALTY CLINIC CONSULTATION REQUESTION FORM

PROVIDERS	PATIENT INFORMATION		
Dr. Jamsheed Desai	Last Name:	First Name:	
Dr. Ginette Moores	Date of Birth (DD/MM/YYYY):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Dr. Davar Nikneshan	Home Phone:	Cell Phone:	
Dr. Adrian Fawcett	Health Card Number:		
Dr. Edward Margolin (Neuro-ophthalmology)	<input type="checkbox"/> OHIP	<input type="checkbox"/> Private Pay	<input type="checkbox"/> Motor Vehicle Accident
	<input type="checkbox"/> Emergent (<1 week)	<input type="checkbox"/> Urgent (<2 Weeks)	<input type="checkbox"/> Non-Urgent (<3 Months)

### INDICATIONS FOR CONSULT:

### SPECIALTY CLINICS

- |  |   |
|--|---|
| <input type="checkbox"/> Concussion and Headache | <input type="checkbox"/> Stroke/TIA                                   |
| <input type="checkbox"/> Adult Epilepsy          | <input type="checkbox"/> Parkinson's and Movement Disorders           |
| <input type="checkbox"/> Neuro-ophthalmology     | <input type="checkbox"/> Women's Neurology and Neurology of Pregnancy |
| <input type="checkbox"/> Neuromuscular Disorders | <input type="checkbox"/> General Neurology/Balance and Dizziness      |

### REFERRING PHYSICIAN INFORMATION

Name:	Billing Number:
Phone:	Fax:
Copies to:	