



MINDS

Mississauga Institute of Neurological Disorders and Stroke

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PHYSICIAN AND NURSE PRACTITIONER CO-MANAGEMENT SPECIALTY CLINIC CONSULTATION & INVESTIGATION REQUISITION FORM

PROVIDERS	PATIENT INFORMATION		
Dr. Jamsheed Desai Dr. Ginette Moores Dr. Davar Nikneshan Dr. Adrian Fawcett Dr. Edward Margolin (Neuro-ophthalmology)	Last Name:		First Name:
	Date of Birth (DD/MM/YYYY):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Home Phone:		Cell Phone:
	Health Card Number:		
	<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:

Consult not needed, investigation only

SPECIALTY CLINICS

- Concussion Headache Adult Epilepsy Neuro-ophthalmology
 Neuromuscular Disorders Stroke/TIA Parkinson's and Movement Disorders
 Women's Neurology and Neurology of Pregnancy General Neurology/Balance and Dizziness

INVESTIGATIONS

- EMG/NCS with consult
 EEG Routine with video Sleep-deprived 2-hour prolonged 4-hour prolonged
 Cardiac testing (stroke/TIA evaluation)
 Echocardiogram Echocardiogram with bubble Echocardiogram with contrast
 Holter monitoring (48h 72h 30d) Ambulatory blood pressure monitoring*
 Ultrasound Carotid doppler 3D carotid plaque characterization* GCA ultrasound
 Vestibular test battery (VNG/ENG with calorics, vHIT*, VEMP*)
 Electrocochleography (ECoChG) + ABR Rotational tests
 Ophthalmologic testing
 Visual field Fundus photography* OCT (ganglion cell layer and RNFL)*
 Home sleep study*
 Neuroradiology (second opinion for CT/MRI)
 Web based computerized comprehensive cognitive evaluation*

*Not covered by OHIP

REFERRING PHYSICIAN INFORMATION

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