MINDS
Mississauga Institute of Neurological Disorders and Stroke

Unit #9, 2145 Dunwin Drive
Mississauga, Ontario L5L 4L9

Phone: (905) 896-3000
Fax: (905) 896-8906
Website: www.mindsneurology.com

INVESTIGATION REQUISITION FORM

PATIENT INFORMATION

Last Name:	First Name:	Gender: □ Male □ Female
Date of Birth (DD/MM/YYYY):	Home #:	Cell #:
Health Card #:		
□ OHIP □ Private Pay □ Motor Vehicle Accident	□ Emergent □ Urgent □ Non-Urgent	

INVESTIGATIONS

□ **EMG/NCS with consult**
- □ ± peripheral nerve ultrasound
- □ SFEMG

□ **EEG**
- □ Routine with Video
- □ Sleep-deprived
- □ Pediatric
- □ 4-hour prolonged

□ **Ultrasound**
- □ carotid doppler
- □ 3D carotid plaque evaluation*
- □ Vascular ultrasound
- □ R/o GCA ultrasound (urgent)

□ **Home sleep study***

□ **Neuroradiology** (second opinion for CT/MRI)

□ **Vestibular test battery**
(VNG/ENG with calorics, vHIT*, VEMP*)
- □ electrocochleography (ECochG) + ABR
- □ rotational tests

□ **Ophthalmologic testing**
- □ Visual fields – □ MTO visual fields*
- □ Fundus photography*
- □ OCT (ganglion cell layer and RNFL)*

□ **Cardiac testing (stroke/TIA evaluation)**
- □ Echocardiogram with bubble
- □ Echocardiogram with contrast #
- □ Holter monitoring
  - □ 48h □ 72h □ 30D#
  - □ Insertable Cardiac Monitor (LINQ)*#
- □ Ambulatory blood pressure monitoring*

***not covered by OHIP #Recommended for ESUS**

INDICATION (S) FOR INVESTIGATION

□ Carpal Tunnel Syndrome/Ulnar neuropathy
□ Polyneuropathy
□ Cervical/lumbar radiculopathy
□ Myasthenia gravis/suspected NMJ disorder
□ Suspected motor neuron disease
□ Myopathy
□ Thoracic outlet syndrome
□ Epilepsy
□ Suspected seizure/syncope/LOC NYD
□ Obstructive sleep apnea
□ Vertigo/dizziness/syncope
□ Suspected Hypotension/Hypertension
□ Stroke/TIA □ ESUS (Embolic Stroke of Undetermined Source)
□ Peripheral artery disease
□ Giant cell arteritis
□ Optic neuropathy/optic neuritis
□ Visual loss NYD
□ Suspected papilledema
□ Pituitary/sellar tumour

□ **Other**

□ **Consult if abnormal diagnostic test**

REFERRING PHYSICIAN INFORMATION

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