



# MINDS

Mississauga Institute of Neurological Disorders and Stroke

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## PHYSICIAN AND NP CO-MANAGEMENT SPECIALTY CLINIC CONSULTATION, INVESTIGATION and TREATMENT REQUISITION FORM

### PATIENT INFORMATION

|   |  |  |
|---|--|--|
| Last Name:                                  |  | First Name:  |
| Date of Birth (DD/MM/YYYY):                 |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Home Phone:                                 |  | Cell Phone:  |
| Health Card Number:                         |  |  |
| <input type="checkbox"/> Emergent (<1 week) | <input type="checkbox"/> Urgent (<2 Weeks) | <input type="checkbox"/> Non-Urgent (<3 Months)  |

### INDICATIONS FOR CONSULT: Specialty Clinic

- Balance/Vertigo  Concussion  Epilepsy  General Neurology  Headache  Neuromuscular Disorders  Stroke/TIA  Movement disorders (Parkinson's, tremor, Chorea, Ataxia, RLS)  DBS management

Consult not needed, investigation only

### Treatment Options

- Botox for Migraine**  **Botox for Movement disorders** (Dystonia, Spasticity, Hemifacial spasms)  
 **Transcranial Magnetic Stimulation** \* ( Depression  Post stroke Motor Recovery  MTBI)  
 **Median Nerve Hydro-dissection/PRP** \* (Carpal Tunnel Syndrome Minimally Invasive Treatment)

### INVESTIGATIONS

- Cardiac Testing (Stroke/TIA Evaluation)**  
 **Holter Monitoring** ( 48h  72h  30day)  Ambulatory blood pressure monitoring\*  
 **Echocardiogram**  Echocardiogram with bubble  Echocardiogram with contrast  
 **EEG**  Routine with video  Sleep-deprived  4-hour prolonged  
 **EMG/NCS with consult**  
 **Home Sleep Study Level 2**  
 **Lumbar Puncture**  **Alzheimer's CSF biomarkers\*** (amyloid-beta 42), phosphorylated tau [at residue 181], and total tau.)  NPH evaluation \*\*  IIH (opening pressure only) \*\*  
 **Ophthalmologic Testing**  **Visual Fields**  Fundus photography\*  OCT (Ganglion cell layer and RNFL)\*  
 **Ultrasound**  Carotid Doppler  Robotic Assisted TCD\*  with Bubble\*  GCA Ultrasound  
 **Vestibular Test Battery** (VNG/ENG, vHIT\*, VEMP\*)  
 **Deep Brain Stimulator interrogation and Management**

\*Not covered by OHIP \*\* Referrals for LP for IIH and NPH is restricted to Neurologist, Geriatrics, and Neurosurgery

### REFERRING PHYSICIAN INFORMATION

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