Vancouver Coastal Health
Promoting wellness. Ensuring care.

Rapid Access Neurology Clinic
Diamond Health Care Centre
2775 Laurel St, Vancouver BC V5Z 1M9
Floor 3, Station 4A
Phone: (604) 875-4111 EXT 22913
Fax: (604) 642-8805

RAPID ACCESS NEUROLOGY CLINIC REFERRAL (RESIDENT CLINIC)

IMPORTANT: THIS IS NOT AN APPOINTMENT FORM

REFERRAL PROCESS:

1) **ED** CALLS (604) 875-4111 EXT 22913 TO CHECK IF CLINIC IS ACCEPTING NEW PATIENTS.
2) IF CLINIC IS ACCEPTING NEW PATIENTS, THEN PLEASE FAX THIS COMPLETED FORM TO THE CLINIC WITH THE PERTINENT CLINICAL RECORDS AND INVESTIGATIONS.
3) IF THE CLINIC IS AT FULL CAPACITY, THEN REFERRING PHYSICIAN CAN CONSULT WITH ON-CALL NEUROLOGY TO ASSESS PATIENT IN THE ER, OR TO SEE THE PATIENT IN THEIR OFFICE WITHIN A FEW WEEKS.
4) PATIENT MUST CALL THE CLINIC WITHIN 10 DAYS TO INQUIRE ABOUT THEIR REFERRAL STATUS.
APPOINTMENTS MUST BE BOOKED WITHIN 14 DAYS OF RECEIVING REFERRAL.
5) IF THE REFERRAL IS DECLINED, A LETTER INDICATING THE REASON WILL BE SENT TO THE REFERRING AND FAMILY PHYSICIAN (IF APPLICABLE); THE PATIENT CAN BE REFERRED TO A COMMUNITY NEUROLOGIST.

PLEASE PRINT CLEARLY (OR USE LABELS):

BILLABLE TO: ☐ MSP ☐ PATIENT	NAME / ADDRESS OF REFERRING PHYSICIAN AND MSP PRACTICIONER # (or office stamp)
PERSONAL HEALTH NUMBER: **DOB:** MM /DD /YYYY	
SURNAME OF PATIENT FIRST NAME MIDDLE INITIAL	
TELEPHONE # (INCLUDE AREA CODE): ☐ MALE ☐ FEMALE PREGNANT?: ☐ YES ☐ NO	
ADDRESS CITY/TOWN POSTAL CODE	COPY RESULTS TO (include family dr. and MSP #)

☐ TRANSLATION SERVICES REQUIRED? (PLEASE INDICATE LANGUAGE): _____

☐ ALLERGIES (PLEAST LIST): _____

ONLY ACUTE SYMPTOMS (< THAN 4-8 WEEKS) and INDICATIONS BELOW are reasons for referral:

☐ headache/migraine
(unrelated to trauma/MVA/ICBC cases)
☐ vestibular disorder *(neurological basis)*
☐ acute vision loss or diplopia *(neurological basis)*
☐ sensory symptoms NYD
☐ transient amnesia/confusion
☐ Bell's palsy
☐ neck or back pain *(non-traumatic)* +/- radiculopathy
☐ acute ataxia
☐ syncope NYD
☐ tremor *(neurological basis)*
☐ peripheral neuropathy including entrapments
(i.e. median, ulnar or radial neuropathy)

☐ Seizure *(please order an EEG in Cerner prior to completing this referral)*

If TIA or Stroke is suspected, please fax referral to TIA/Stroke Prevention clinic at (604)-875-4374.

*****ALL REFERRAL INFORMATION MUST BE COMPLETED IN FULL*****

PLEASE ATTACH ALL PHYSICIAN NOTES, RECENT LAB/PERTINENT RESULTS (imaging, EEG, EKG)/current medications). INCOMPLETE REFERRALS WILL BE RETURNED TO BE COMPLETED.