ATC ASSISTIVE TECHNOLOGY CLINIC

Jeff and Diane Ross Movement Disorders Clinic

3560 Bathurst Street, Main Floor, Elkie Adler Wing, Toronto, Ontario M6A 2E1 Tel: (416) 784-3600 Fax: (416) 784-5600

Baycrest

Neurology Consult

Section A:

PATIENT NAME:______________________________

ADDRESS: ______________________________

____

TELEPHONE: RESIDENCE: ( ) ____________BUS : ( ) ____________

ALTERNATE CONTACT:

NAME: ______________________ PHONE: ( ) ____________

PHONE: ( ) ______________________ PHONE: ( ) ____________

RELATIONSHIP: ______________________________

Section B:

HEALTH CARD: ______________________ GENDER: M/F

DATE OF BIRTH: ______________________

Day Month Year

Section C:

FAMILY DR: ______________________________

ADDRESS: ______________________________

TELEPHONE: ______________________ FAX: ____________

REFERRING DR.: ______________________ BILLING # ____________

ADDRESS: ______________________________

TELEPHONE: ______________________ FAX: ____________

Section D:

DIAGNOSIS: ______________________________

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REASON FOR REFERRAL: (Please include all relevant documentation including last neurology note.)

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SIGNATURE: ______________________ **DATE:** ____________

Leaders in Innovative Rehabilitation

www.assistivetechnologyclinic.ca