



NIAGARA CENTRE FOR
HEADACHE AND GENERAL NEUROLOGY

Tasjeel Ansari, MD, FRCP(C) - Neurology
300 Fourth Avenue, Unit 202
St. Catharines, ON, L2S 0E6
h ne 2 222 a 0 22 0 0

LEVEL OF URGENCY: Next Available: Semi Urgent*: Urgent*(Please contact our office):

*Please state reason for urgency: _____

PAST MEDICAL HISTORY:

PREVIOUS NEUROIMAGING (MRI/CT): Yes (please attach report): No:

Comments: _____

Please include list of current medications, results of previous investigations, recent imaging, recent bloodwork, management, and consult & follow-up notes relevant to this referral.

*If applicable, please indicate the name and date of last assessment by a neurologist (inpatient/ER/clinic):

REFERRING PHYSICIAN INFORMATION:

Source: Family MD: Neurologist: Other (Please Describe): _____

Name: _____

OHIP Provider Number/Billing Number (**required**): _____

Address: _____

Phone Number: _____ Fax Number: _____

Confidential Email (*optional*): _____

Referring Physician Signature (**required**): _____

If the referring physician is not the family physician, please fill out the following information:

Family MD Name: _____ Family MD Fax Number: _____

FOR OFFICE USE ONLY	
Date Received:	Approved By:
Triage Level:	