NEUROSCIENCES AMBULATORY CLINIC (NAC)
ADULT EPILEPSY CLINIC REFERRAL

Hamilton Health Sciences

Patient's Last Name	First Name	
Address – Street	City	Postal Code
Telephone:		
Date of Birth (yyyy/mm/dd)	Age	Gender ☐ M ☐ F
HIN	Family Physician	

The purpose of the epilepsy clinic is to provide access to consultation and diagnostics for patients ages 18 years and older who are experiencing transitory neurologic events suggestive of seizures/epilepsy. The most appropriate referrals are patients presenting with chronic uncontrolled epilepsy, newly diagnosed epilepsy, and first time non-provoked events suggesting seizures. **Any patient requiring an emergent neurological consultation should be referred to the on-call neurologist at Hamilton Health Sciences or to their local emergency department.**

Reason for Referral:

- ☐ First ever seizure/known seizure
- ☐ Seizure-like event
- ☐ Newly diagnosed epilepsy
- ☐ Chronic Uncontrolled epilepsy
- ☐ Anti-seizure medication optimization
- ☐ Alternative opinion
- ☐ Alcohol withdrawal/metabolic seizure
- ☐ Seizure versus syncope

Transfer of care from:

☐ Pediatrics ☐ Neurology

Risk Factors and Comorbidities:

- ☐ None
- ☐ Brain injury
- ☐ Family history
- ☐ Tumor
- ☐ Delayed Developmental Milestones
- ☐ Febrile Seizures
- ☐ Cognitive impairment
- ☐ Genetic syndrome
- ☐ Psychiatric comorbidities
- ☐ Meningitis/encephalitis

Seizure History

Event/Seizure description: ______________________________

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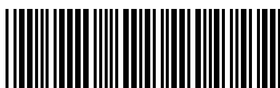
Frequency of Seizures (if multiple) ______________ Date of last seizure: (yyyy/mm/dd) ______________

Attached Documents: ☐ Physician Note(s) ☐ CT ☐ MRI ☐ EEG ☐ ECG ☐ Lab Investigations ☐ Medication List ☐ Other: ______________________________

Referral Date (yyyy/mm/dd) ______________ Referring Physician (print) ______________

Address ______________________________ Signature ______________

Telephone ______________ Fax ______________ Physician Billing Number ______________



Hamilton Health Sciences

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ADULT EPILEPSY CLINIC REFERRAL

Please Fax Referral and any accompanying documents to: 905-527-0059
Hamilton General Hospital Site

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Anti-Seizure Medication	Dose	Currently taking? (yes/no)

Clinical Triaging

Appropriate patients for referral to the epilepsy clinic include:

- First seizure patients – only one or multiple seizures in 24 hours
- Non-provoked seizures (see below for provoked seizures)
- Pregnant patients with epilepsy
- Patients with anti-seizure medication toxicity
- Medically refractory patients
- Patients with an increase in seizure frequency or clusters/Chronic uncontrolled epilepsy
- Known/highly suspected PNES
- Referral from local neurologist or GIMRAC
- Complex/uncontrolled pediatric epilepsy patients transferring care
- Patients known to the clinic for re-consultation
- Request for a second opinion
- Difficult to manage post-stroke epilepsy (well controlled to be referred to community neurology)

Please direct these referrals to community neurology as we will not accept them:

- Seizures versus syncope determination
- Provoked seizures – alcohol or drug use/withdrawal, metabolic imbalance seizures, seizures within 7 days of trauma
- Request for review to complete MTO forms
- Request for medication discontinuation for stable patients who have not had recent seizures