

The MS clinic is an outpatient clinic, which provides initial consultation and diagnosis of suspected MS as well as consultation and management to patients diagnosed with MS.

Clinic Located at the Hamilton General Site

237 Barton Street East, 1 East Wing,
Neuroscience Ambulatory Centre
Phone 905-521-2100 ext. 76074

**Fax completed referral and accompanying
documentation to: 905-577-1455**

| | | |
|-------------------------------|------------------|--|
| Patient's Last Name | First Name | |
| Address – Street | City | Postal Code |
| Telephone: () | Ext. | |
| Cell Phone: () | | |
| Date of Birth (yyyy/mm/dd) | Age | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| HIN | Family Physician | |

Referral Date: (yyyy/mm/dd) _____ Patient/caregiver BEST contact number: _____

Referring Physician /
Nurse Practitioner: _____ OHIP Billing
Number _____
(Printed Name) (Signature and Designation)

Address: _____ Phone: _____ (ext) _____

Referral to: (please check one)

Fax: _____

Neurology: First available Dr. R. Lo Dr. S. Menon Dr. J. Paulseth Dr J. Silva

Physical Medicine and Rehab: Dr. A. Labuda

NEW REFERRAL TO MS CLINIC

- Newly Diagnosed MS – not seen by specialist,
consult only
- Query MS (no MS diagnosis) 2nd Opinion (Diagnosis and
Plan established)
- Radiological Findings of MS Transfer of Care
- Other: _____

**RE-REFERRAL FOR FOLLOW-UP /
ONGOING CARE**

- Current Disease Modifying Treatment
- New / Worsening Symptoms
- General Follow-up
- Other: _____

DIAGNOSTIC TESTS AND PREVIOUS CONSULTATIONS

PLEASE NOTE: MRI Head **MUST** be completed
and report to accompany referral

Attach Results and Notes (if available) for completed tests

| | | |
|----------------------------|-------------------|-----------|
| MRI Head REQUIRED | Date (yyyy/mm/dd) | Location: |
| Lumbar Puncture | Date (yyyy/mm/dd) | Location: |
| Evoked Potential | Date (yyyy/mm/dd) | Location: |
| Neuro Ophthalmology | MD: | |
| Autoimmune/Vasculitis Labs | | |

Additional Clinical Comments: _____

The HHS MS clinic primarily serves The Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs. If patient resides outside these areas, consider services closer to home at clinics in London, Toronto, Kingston, Thunder Bay and Ottawa. If requesting service at Hamilton please provide reason: _____

