NEUROSURGICAL/CRANIAL EMERGENCY DEPT REFERRAL

Please fax completed referral form to 905-577-1403
Sunday-Thursday
BETWEEN THE HOURS OF 2300-0700 Hrs

Patient's Last Name	First Name	
Address		
City	Province	Postal Code
ID Number	HIN	
Date of Birth (yyyy/mm/dd)	Age	Gender ☐ M ☐ F

Referral Date (yyyy/mm/dd) ____________________ **Referral Time** (hh:mm) __________

Referral Hospital:	**Patient location:** ☐ Home: Pt Number ______________ ☐ ED ☐ Inpatient ☐ Other: ______________	
Referring Physician:	**Physician Billing #**	**Contact Tel:**
Physician Signature:	**To ensure appropriate referral, please review "Criticall Ontario Consultation Guidelines" before referring:** http://www.criticall.org/Article/Consultation-Guidelines	

Reason for Referral:

PLEASE INDICATE BELOW THE DIAGNOSTIC IMAGING THAT HAS BEEN COMPLETED as per suggested with diagnoses:
☐ MRI ☐ with gadolinium
☐ CT scan ☐ CTA ☐ X-rays ____________________ ☐ Other ____________________

Brain Signs and Symptoms

☐ None	☐ Changes in speech	☐ Changes in hearing	☐ Paresthesia
☐ New onset headache	☐ History of head trauma	☐ Nausea & Vomiting	☐ Change in gait
☐ Memory changes	☐ History of cancer	☐ Dizziness	☐ Change in coordination
☐ Personality changes	☐ New onset seizures	☐ Weakness	☐ Changes in vision

☐ Other: ____

FURTHER IMAGING REQUIRED PRIOR TO REFERRAL BASED ON PRELIMINARY DIAGNOSIS:

Preliminary Diagnosis:	**Imaging to be completed:**
☐ Hemorrhage ≤ 2.0 cm →	☐ CT/CTA head
☐ Vasc. Malformation/no Intracranial bleed →	☐ CT/CTA head
☐ Chronic subdural hematoma →	☐ CT head
☐ Closed linear skull fracture →	☐ CT head
☐ Evidence of tumour/neoplasm →	☐ CT head ☐ MRI with gadolinium (if available)
☐ Other: ______________________	

Please Note: Patients with hypertensive supratentorial hemorrhagic stroke ≤ 3.0cm, **DO NOT** require Neurosurgical consult and can be medically managed by neurology or internal medicine at local hospital.
All infratentorial Hemorrhages ≥ 3.0 cm, need to be discussed with Neurosurgeon through Criticall.

If the patient's condition deteriorates during the wait for consultation, contact CritiCall at 1-800-668-4357 and speak with a neurosurgeon on call.

Legend:
≤ = Less than or equal to
≥ = Greater than or equal to