



DT9294

## NEUROLOGY CONSULTATION ADULT

**Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.**

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation		Clinical priority scale: <b>B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months</b> For priority A consultation (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.	
Neurovascular (TIA)	<input type="checkbox"/> Transient focal neurological symptoms suggestive of TIA presenting after > 14 days	C	Movement <input type="checkbox"/> Suspected parkinsonism <input type="checkbox"/> With falls (excluding cognitive impairment or multiple comorbidities) Tremor: <input type="checkbox"/> Head <input type="checkbox"/> Bilateral upper extremities (with failure of propranolol) <input type="checkbox"/> Other movement disorders (Prerequisite: specify the type of movement disorders)
	<input type="checkbox"/> Transient focal neurological symptoms excluding unilateral paresis and speech disorder presenting <b>between 48 hrs. and 14 days</b>	C	
MND	<input type="checkbox"/> Major neurocognitive disorder (MND): (will be seen in neurology, patients with atypical symptoms, rapid progression or those less than 65 year of age with a clinical justification in the "Suspected diagn." section below) (Prerequisite: MMSE result: _____ or MOCA: _____ and attach report) (Recommended: Blood test including B12, TSH, syphilis screening and brain imaging)	D	Epilepsy <input type="checkbox"/> De novo seizure Known epilepsy without a treating neurologist: <input type="checkbox"/> Controlled/request reevaluation <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Unexplained loss of consciousness
Neuromuscular	Consultation for neuromuscular disease with EMG consideration: <input type="checkbox"/> Carpal Tunnel Syndrome with failure of conservative treatment (nighttime wrist splint* for at least two months) and surgical consideration Date of prescription of the splint: DD MM YY Date of nerve block: DD MM YY	E	Suspected MS <input type="checkbox"/> Clinical suspicion of MS excluding incidental findings on MRI (Prerequisite: specify symptoms, abnormalities on examination and functional impact in "Suspected diagn." section) Confirmed diagnosis without treating neurologist: <input type="checkbox"/> Active relapse (specify) <input type="checkbox"/> Recent relapse (specify) <input type="checkbox"/> Stable disease (specify)
	<input type="checkbox"/> With a functional limitation at work Work: Absenteeism: <input type="checkbox"/> Y <input type="checkbox"/> N Medical leave: <input type="checkbox"/> Y <input type="checkbox"/> N *non-moulded splint adequate <a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Technologies/INESSS_EMG_Outil.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Technologies/INESSS_EMG_Outil.pdf</a>	D	
	<input type="checkbox"/> Polyneuropathy (Other than secondary to diabetes) If diabetes justify why the examination is necessary: atypical presentation? <a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Technologies/INESSS_EMG_Outil.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Technologies/INESSS_EMG_Outil.pdf</a>	E	
	Radiculopathy with motor and/or sensory involvement (without red flags) <input type="checkbox"/> Severe functional impairment and surgical consideration (early) Major impact on ADLs and IADLs and conservative treatment failure for more than 6 weeks and less than 6 months. Date of symptom onset: DD MM YY	C	Headache <input type="checkbox"/> Migraine with abortive treatment failure (Triptan) and 2 prophylactic treatments. Name the medications trialled: Triptan: _____ Prophylaxis: 1) _____ 2) _____ <input type="checkbox"/> Suspected cluster headache (Horton) (Prerequisite: justify autonomic manifestation) <input type="checkbox"/> Trigeminal neuralgia (Prerequisite: justify paroxysmal pain, facial involvement, trigger zone) (Recommended: Tentative treatment with Carbamazepine) <input type="checkbox"/> Other type of headache (Consult « Conseil numérique » suggested)
	<input type="checkbox"/> Moderate functional impairment and surgical consideration and/or nerve block Major impact on ADLs and IADLs and conservative treatment failure for more than 6 months (physiotherapy suggested beforehand) <a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Technologies/INESSS_EMG_Outil.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Technologies/INESSS_EMG_Outil.pdf</a>	D	
<input type="checkbox"/> Suspicion of ALS, myasthenia gravis or myopathy <input type="checkbox"/> With objective weakness or CK > 1000 <input type="checkbox"/> Isolated mononeuropathy (cubial, common peroneal, other) <input type="checkbox"/> With weakness and functional limitation	D C E D	<input type="checkbox"/> Incidental imaging finding, uncertain radiological interpretation or as suggested by a radiologist. (Consult « Conseil numérique » suggested)	E
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):		Clinical priority	
Suspected diagnosis and clinical information (mandatory)		If prerequisite is needed: <input type="checkbox"/> Available in the QHR (DSQ) <input type="checkbox"/> Attached to this form	
Special needs:			
Referring physician identification and point of service		Stamp	
Referring physician's name		Licence no.	
Area code	Phone no.	Extension	Area code Fax no.
Name of point of service			
Signature		Date (year, month, day)	
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician		Registered referral (if required)	
Family physician's name		If you would like a referral for a particular physician or point of service	
Name of point of service			

### Clinical alerts (non-exhaustive list)

#### Refer the patient to the Emergency-department

- Transient neurological symptoms: lateralized hypoesthesia, monocular blindness, hemianopsia, dysmetria or vertigo with other neurological signs and **excluding** motor or speech disorder for **≤ 48 hrs**  
**Use the “Accueil clinique” form if available in the area**
- Unilateral paresis and/or temporary or fluctuating speech disorder occurring for between **48hrs** and **14 days**  
**Use the “Accueil clinique” form if available in the area**
- Suspected TIA/CVA with unilateral paresis and/or persistent, fluctuating, or temporary speech disorder for < 48 hrs.
- Sudden onset headache or accompanied by warning sign (fever, neurological deficit, altered sensorium, papilledema, suspected temporal arteritis, etc.)
- Altered state of consciousness or acute confusional state
- Status epilepticus or recurrent seizures
- Suspected rapidly progressing medullary lesion
- Suspected Guillain-Barré syndrome

#### List of diagnoses for which a neurological consultation is not indicated and regional specialised resources are available:

- ADHD
- Isolated vertigo should be referred to ENT
- Isolated low back pain and neck pain (without sign or symptom of radiculopathy)
- Mild TBI and post concussion syndrome
- Sleep disorder