



DT9430

## ADULT NEUROSURGERY CONSULTATION

**Note:**

- For priorities A and B (refer on the back of the form) communicate directly with the neurosurgeon on call.
- Notify the patient to bring a copy CD-ROM of the imageries for the appointment with the specialist.

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: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months				
Spine cervico-dorsal	<input type="checkbox"/> Compressive myelopathy with symptoms > 8 weeks <i>(Prerequisite: MRI report &lt; 3 months and other investigation reports)</i>	C	Tumor	<input type="checkbox"/> Extracerebral tumor: meningioma, neurinoma, schwannoma, pituitary tumor, skull base or cranial vault <i>(Prerequisite: MRI report or CT scan and other investigation reports)</i>	D	
	Painful or sensitivo-motor Radiculopathy <i>(Prerequisite: MRI report &lt; 3 months and other investigation reports)</i>	<input type="checkbox"/> With severe symptoms and functional limitations (ADLs/DA) > 8 weeks	D	Vascular	<input type="checkbox"/> Cerebral aneurysm, arterio-venous malformation, dural fistula, cavernoma (without hemorrhage) <i>(Prerequisite: MRI report or CT scan and other investigation reports)</i>	D
		<input type="checkbox"/> With moderate chronic symptoms > 8 weeks	E		<input type="checkbox"/> Asymptomatic carotid stenosis (≥ 70%) <i>(Prerequisite: imaging report and other investigation reports)</i>	D
	Neck pain/Thoracic spine pain with anatomical instability, seen on imaging, without spinal cord or nerve root involvement. <i>(Prerequisite: imaging report and other investigation reports)</i>		D	Functional	<input type="checkbox"/> Craniofacial neuralgia (e.g. trigeminal) refractory to medical therapy <i>(Prerequisite: MRI report and other investigation reports)</i>	D
			<input type="checkbox"/> Neuromodulation for chronic pain syndrome or for spasticity <i>(Prerequisite: investigation reports)</i>		E	
			D	Cranial miscellaneous	<input type="checkbox"/> Chronic hydrocephalus or normal pressure hydrocephalus <i>(Prerequisite: imaging report and other investigation reports)</i>	D
Painful or sensitivo-motor Radiculopathy or Neurogenic claudication <i>(Prerequisite: MRI report &lt; 3 months and other investigation reports)</i>	<input type="checkbox"/> With severe symptoms and functional limitations (ADLs/DA) > 8 weeks	D	<input type="checkbox"/> Intracranial cyst (e.g. arachnoid, pineal gland) <i>(Prerequisite: MRI report or CT scan and other investigation reports)</i>		E	
	<input type="checkbox"/> With moderate chronic symptoms > 8 weeks	E	<input type="checkbox"/> Cranial lesion with benign features (e.g. cyst, bone malformation) <i>(Prerequisite: MRI report or CT scan and other investigation reports)</i>		E	
Spine lombo sacral	<input type="checkbox"/> Isolated low back pain without radiculopathy with structural anomaly (scoliosis, spondylolysis, spondylolisthesis) <i>(Prerequisite: MRI report &lt; 3 months and other investigation reports)</i>		Peripheral nerves	Compressive neuropathy (e.g. carpal tunnel or cubital tunnel) <i>(Prerequisite: EMG &lt; 1 year and other investigation reports)</i>	<input type="checkbox"/> With motor deficit	D
					<input type="checkbox"/> Without motor deficit	E
				<input type="checkbox"/> Peripheral nerve tumor <i>(Prerequisite: MRI or ultrasound &lt; 3 months)</i>		D

<input type="checkbox"/> Other reason for consultation or clinical priority modification <b>(MANDATORY justification in the next section):</b>	Clinical priority
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<b>Suspected diagnosis and clinical information (mandatory)</b>	<b>If prerequisite is needed :</b>
	<input type="checkbox"/> Available in the QHR
	<input type="checkbox"/> Attached to this form

<b>Special needs:</b>		<b>Stamp</b>
<b>Referring physician identification and point of service</b>		
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)		
<b>Family physician:</b> <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician		<b>Registered referral (if required)</b>
Family physician's name		If you would like a referral for a particular physician or point of service
Name of point of service		

## Legend

<sup>1</sup> Web site for « Liste des Guichets d'entrée régionaux pour les traumatismes crâniens cérébraux (TCC) légers »:  
<http://fecst.inesss.qc.ca/fileadmin/documents/Publications/Liste-contacts-reference-TCCL-decembre-2016.pdf>

### Clinical alerts and priority A or B (non-exhaustive list)

#### Communicate with the neurosurgeon on call

- Intracranial hemorrhage
- Syndrome of intracranial hypertension with or without alteration of consciousness
- Sudden or rapidly progressive onset of neurological deficit (arising from brain, spinal cord, cauda equina or acute radiculopathy with motor deficit)
- Acute or subacute myelopathy (spinal cord compression) with rapid evolution of symptoms
- Symptomatic carotid stenosis
- Acute moderate or severe cranio-cerebral<sup>1</sup> or spinal cord traumatic injury
- Cranial or spinal fracture
- Intracerebral brain tumors: metastasis, gliomas or others
- Intradural or extradural spinal tumors (primary or metastatic)