

Neurology Referral Form Dr. Hunaid Hasan, MD, Neurologist · CPSO #152115

All general neurology consults and challenging cases welcome. Virtual every Friday; in person in Mississauga at Dr. Hasan's discretion.

1. Patient

Full name Date of birth (YYYY-MM-DD) Sex Health card number Version

Phone Address Preferred language Email (optional)

Interpreter needed

Substitute decision-maker / caregiver (name and phone in history)

2. Referring provider

Provider name OHIP billing number CPSO / CNO number Phone Fax

Clinic name and address

3. Reason for referral (check all that apply)

Headache Concussion Dizziness Epilepsy / seizures
Multiple sclerosis Neuromuscular condition Cerebrovascular disease Memory loss
Parkinson's disease Essential tremor Restless legs syndrome Postherpetic neuralgia
Myofascial pain Gait / balance problems Peripheral neuropathy Other (describe below)
Radiculopathy / neck, thoracic or low back pain

Clinical question for Dr. Hasan

4. Urgency and visit type

Urgency Routine Urgent (please also call 289-813-0786)

Visit Virtual (Fridays) In person (at Dr. Hasan's discretion) Either

5. History, medications and investigations

Symptoms, onset and course; relevant history Current medications and allergies

Attached Consult / progress notes Bloodwork CT MRI
EEG Nerve conduction / EMG Other imaging Other

6. Signature

Referring provider signature Date (YYYY-MM-DD)

Fax this form and any attachments to ARAS at (844) 614-2845.

Questions: call, text or WhatsApp 289-813-0786.

Suspected stroke or other neurological emergency: send the patient to the nearest emergency department or call 9-1-1. Do not fax.

CONFIDENTIAL: contains personal health information. If received in error, please call 289-813-0786 and destroy it.