

## Neurosurgical Assessment Clinic Referral Form

**Dr. Neilank K. Jha MD, FRCPC**  
**Neurosurgeon – Spine Surgeon**

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Patient Label

Date: \_\_\_\_\_  
dd/mm/yyyy

MRN: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Last, First Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
dd/mm/yyyy

Health Card No. \_\_\_\_\_ Version Code: \_\_\_\_\_

Telephone Number. \_\_\_\_\_

Physician: \_\_\_\_\_

**Office Use Only**

Time: \_\_\_\_\_

Diag: \_\_\_\_\_

Fee: \_\_\_\_\_

ER  Ward

<p><b>Head Trauma</b></p> <p><input type="checkbox"/> Concussion (MTBI)                      <input type="checkbox"/> ICH</p> <p><input type="checkbox"/> Head Injury                                      <input type="checkbox"/> Chronic Subdural Hematoma</p> <p><input type="checkbox"/> Epidural Hematoma                              <input type="checkbox"/> Hydrocephalus</p> <p><input type="checkbox"/> Acute Subdural Hematoma                      <input type="checkbox"/> Post-Concussive Syndrome</p>	<p><b>Spine</b></p> <p><input type="checkbox"/> Cervical                                      <input type="checkbox"/> Mechanical</p> <p><input type="checkbox"/> Thoracic                                      <input type="checkbox"/> Neurogenic</p> <p><input type="checkbox"/> Lumbar                                      <input type="checkbox"/> Traumatic</p>	
<p><b>Peripheral</b></p> <p><input type="checkbox"/> Brachial Plexus</p> <p><input type="checkbox"/> Ulnar</p> <p><input type="checkbox"/> Carpal Tunnel</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Neuro-Oncology</b></p> <p><input type="checkbox"/> 1° Brain Tumor</p> <p><input type="checkbox"/> METS</p> <p><input type="checkbox"/> Pituitary Tumor</p>	<p><b>Neuro-Vascular</b></p> <p><input type="checkbox"/> Aneurysm</p> <p><input type="checkbox"/> AVM</p> <p><input type="checkbox"/> Cavernoma</p> <p><input type="checkbox"/> Other _____</p>

### Pertinent Patient History

Anticoagulants: \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_

\* All patients with Neurosurgical conditions may be referred to the Neurosurgical Assessment Clinic at Mackenzie Health. Patients that require sub-specialized care will be triaged through my office after consultation. No Neurosurgical procedures will be conducted at Mackenzie Richmond Hill Hospital.

\*Urgent cases will have a mechanism to reach me on-call for evaluation in the emergency room. Non-urgent cases may be scheduled in the Neurosurgical Assessment Clinic on Wednesdays at Mackenzie Richmond Hill Hospital.

