St. Michael's Hospital- BARLO MS Centre Referral Form
30 Bond Street 16th floor PGT
Toronto, ON M5B1W8
P: 416-864-5377 F: 416-864-5378

ST. MICHAEL'S
UNITY HEALTH TORONTO

Patient Information

Patient Name: Given Name: Surname:		
Address:		
Date of Birth: (D/M/Y)	Age:	Sex: M F
Contact Phone Numbers:		
Health Card Number:		

Referring Doctor Information

Name:
Address:
Fax:
Phone:
Provider #

New Clinic Patient: □ Yes □ No Date of last visit: Neurologist seen:

□ URGENT Reason:

Reason for Referral:

□ First Attack of Optic Neuritis or Transverse Myelitis or other Clinically Isolated Syndrome **Date of Onset:**

□ Newly Diagnosed. Clinical phenotype:

□ Relapsing Remitting □ Secondary Progressive □ Primary Progressive □ Unknown

□ Second Opinion

□ Transfer of Care (MS Clinic to assume patient care)

□ Suspicion of Multiple Sclerosis □ Acute Relapse □ Symptom Management □ Disease Progression

Neurological symptoms/main concern(s):

Required Reports and Diagnostics (Referrals will not be processed without this information):

□ Relevant Medical History Including Clinical Symptoms

□ MRI Brain (important for new patients)

Additional Diagnostics to Provide if applicable:

□ CSF studies (including oligoclonal bands)

□ Ophthalmology Consult

□ MRI Spine (cervical or thoracic) □ Evoked Potentials □ Neurology Consult

Note: Patient must bring MRI on CD. Or sign up for **PocketHealth** for our clinic to access to your MRI and medical images.

- Go to: https://www.pocket.health/requestrecords; or Contact PocketHealth Patient Support (toll-free): 1-855-381-8522 (Mon - Fri, 9 am - 5 pm)
- Submit PocketHealth to the MS Clinic: fax to: (416) 864-5378; or email to:msclinicforms@unityhealth.to

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Please fax completed form along with all relevant information to 416-864-5378.
Complete referrals will be reviewed and assigned an appointment based on level of priority.
Referral to the MS Clinic does not guarantee that an appointment will be given.