800 Commissioners Road East
London, Ontario
N6A 5W9
519-685-8332
FAX 519-685-8350

PAEDIATRIC COMPREHENSIVE EPILEPSY CLINIC

IMPORTANT: TO ENSURE TIMELY PROCESSING PLEASE FAX COMPLETED REFERRAL FORM ALONG WITH ALL PERTINENT INFORMATION TO **(519) 685-8350**
YOUR PATIENT WILL BE CONTACTED WITH THE APPOINTMENT DATE

NAME__________________________ **DOB (YY/MM/DD)**________________

HEALTH CARD NUMBER___________________ **AGE** ____________________

ADDRESS____

PHONE_______________________________**EMAIL**________________________

NEED INTERPRETER □ YES □ NO LANGUAGE_________________________

PATIENT HISTORY

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REASON FOR REFFERAL

□ Drug Resistant Epilepsy
□ Epilepsy surgery candidate
□ Possible candidate for non-pharmacological treatments of epilepsy (VNS, CBD, KGD)

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Note: **Please forward any imaging on a CD along with reports

Referring Physician____
Address____
Phone Number ____
Fax Number ____