



DR. YAHIA MOHAMMAD, MBBCh, MSC, PhD, FRCPC

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General Neurology Consultation Request

Patient Registration	First Name	Last Name	
	Gender:	Date of Birth (DD/MM/YYYY)	
	HealthCard Number	Version	Expiry Date
	Address:		
	City	Postal Code	Phone Number

GENERAL NEUROLOGY, with special interest in movement disorders and Botulinum Toxin injections.

Accepting general neurology referrals.

Please note: Dr Mohammad will not take head injuries, WSIB or legal claims.

Reason For Consult and Urgency

Reason for Consultation:

Past Medical History: Please include a list of medical and surgical issues.

If specific studies are available please indicate below, include reports or outside test with referrals. If previous neuroimaging is available, please forward or have patient bring CD of images. Also, please advise Patients to bring in their medication bottles or a list of current medications.

MRI	CT	EEG	EMG
ECHO	Carotid Dopplers	Clinic/Discharge Notes	Labs/Other

Referring Healthcare Provider Name:

Address:		City:
Postal Code:	Phone:	Fax:

Primary Healthcare Provider (if different from above):

Address:		City:
Postal Code:	Phone:	Fax:

Has this patient been seen by a neurologist previously?	Neurologist Seen:
<input type="checkbox"/> Yes <input type="checkbox"/> No	