ALBERTA NEUROLOGIC CENTRE
Suite 300, 1608 17th Avenue SW, Calgary, Alberta, T2T 0E3
Phone: 587-747-5615 Fax: 587-747-5616
www.ancentre.ca

GENERAL NEUROLOGY REFERRAL FORM

Dr. Sameer Chhibber
MD, FRCPC (Neurology), CSCN (EMG)

Dr. Jonathan Fridhandler
MD, FRCPC (Neurology), CSCN (EMG)

Dr. Scott Jarvis
MD, PhD, FRCPC (Neurology)

Dr. Evgenia Klourfeld
MD, MSc FRCPC (Neurology)

Dr. Lisa Rosenegger
MD, PhD, FRCPC (Neurology)

AND ASSOCIATES

Referrals will be triaged and scheduled with the first available provider

Name: _____ Date of Birth_____ ULI: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

REFERRAL INFORMATION

Prior Neurologic Assessments

☐ **Yes** ☐ **No**

Prior Neurologist: _____

_____

_____

Referring Physician

NAME: _____

PRAC ID:_____

Phone: _____

Fax: _____

Physician to Receive Copies

_____

_____

WCB Number_____

CLINICAL QUESTION

☐ Migraine ☐ Headache ☐ Tremor ☐ Parkinsonism ☐ Dementia/Cognition ☐ Seizure/Epilepsy

☐ Weakness ☐ Ataxia ☐ Neuropathy ☐ Other _____

Relevant History and Examination: (include any relevant investigations, imaging studies, consults)

Referring Physician Signature:_____ **Date:** _____

*Please fax completed referral to ANC at **587-747-5616***