ALBERTA
NEUROLOGIC CENTRE
Excellence in Neurologic Care for Albertans

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

PHYSIATRY REFERRAL FORM

Dr. Jacqueline Stone
BSc, BPHE, MBA, MD, FRCPC (Physical Medicine and Rehabilitation)

Dr. Stephen McNeil
MD, FRCPC (Physical Medicine and Rehabilitation), CSCN (EMG)

Dr. Rehana Murani
BSc, MD, FRCPC (Physical Medicine and Rehabilitation)

PATIENT INFORMATION (can attach label)

Name: ______________________________ Date of Birth______________ ULI: ______________

Address: ____

Home Phone: ________________ Work Phone: ________________ Cell Phone: ________________

REFERRAL INFORMATION

Priority

☐ **Urgent** ☐ **Routine**

For urgent requests please indicate why, or call the clinic to discuss with one of our physicians

Referring Physician

NAME: ______________________

PRAC ID: ______________________

Phone: ______________________

Fax: ______________________

Physician to Receive Copies

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WCB Number______________

CLINICAL QUESTION

☐ Spasticity/ Tone Assessment
☐ Dystonia
☐ Neuromuscular Rehabilitation
☐ Bracing/ Orthotics
☐ Acute MSK/ Adult Sport Injury
☐ Ultrasound Guided Injection
☐ Neuropathic Pain Management
☐ Other ______________________

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

Referring Physician Signature:________________ **Date:** ________________

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