

MOVEMENT DISORDERS CLINIC

THE UNIVERSITY OF BRITISH COLUMBIA

Djavad Mowafaghian CENTRE FOR BRAIN HEALTH PACIFIC PARKINSON'S RESEARCH CENTRE vancouver coastal health outpatient clinic

> Djawad Mowafaghian Centre for Brain Health 1st Floor, 2215 Wesbrook Mall, Vancouver, BC, V6T 1Z3

Phone: 604 822 7682 Fax: 604 822 7866

MOVEMENT DISORDERS CONSULTATION REQUEST

Referral to:

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	Sil	ke i	Cı	res	ssv	ve	

Martin McKeown

___Melissa Mackenzie

Jason Valerio

______ ______ ____Jonathan Squires

PATIENT INFORMATION					
Last Name:	First Name:	Phone:	Street Add	dress:	
PHN:	Sex: F Other:	DOB: mm/dd/yyyy	City:	Province:	Postal Code:

REQUESTING PHYSICIAN INFORMATION				
Name:	Phone:		Address:	
MSP#:	Fax:			
Does this patient require a translator?				
		Yes Primary lang	guage:	

Has this patient also been referred to another movement disorders specialist/clinic?

Relevant history and findings (including <u>du</u>	ration of symptoms):
Is this urgent? If yes, state why: Please attach a list of existing medications List of medications attached	& relevant consultation letters and investigations Consultation letters & investigations attached
Reason for movement disorders referral: Parkinsonism Parkinson disease Atypical parkinsonian disorder (e.g., MSA, PSP, CBS) Tremor Dystonia	 Ataxia Chorea Functional movement disorder (e.g., functional dystonia, tremor, or gait) Describe: Other (e.g., tics, myoclonus) Describe:

INCOMPLETE REFERRALS WILL NOT BE PROCESSED

Your patient will receive an appointment notice by e-mail (or mail if e-mail not possible), and you will receive a faxed copy