Vancouver CoastalHealth

# MOVEMENT DISORDERS CLINIC

PACIFIC PARKINSON'S RESEARCH CENTRE

vancouver coastal health outpatient clinic

THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Medicine

Djawad Mowafaghian CENTRE FOR BRAIN HEALTH

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:**

- ☐ **First available**
- ☐ Silke Cresswell
- ☐ Martin McKeown
- ☐ Melissa Mackenzie
- ☐ Tara Rastin
- ☐ Jonathan Squires
- ☐ Jason Valerio
- ☐ Christina Zhang
- ☐ Seyed-Mohammad (Sam) Fereshtehnejad

| **PATIENT INFORMATION** | | | | | |
|---|---|---|---|---|---|
| Last Name: | First Name: | Phone: | Street Address: | | |
| PHN: | Sex: ☐ F ☐ M ☐ Other:_____ | DOB: mm/dd/yyyy | City: | Province: | Postal Code: |

| **REQUESTING PHYSICIAN INFORMATION** | | |
|---|---|---|
| Name:<br><br>MSP#: | Phone:<br><br>Fax: | Address: |

**Does this patient require a translator?** ☐ No ☐ Yes Primary language: _____

**Has this patient also been referred to another movement disorders specialist/clinic?**
☐ No ☐ Yes **Movement disorders specialist/clinic referred to**:_____

**Relevant history and findings (including duration of symptoms):**

**Is this urgent? If yes, state why:**_____
**Please attach a list of existing medications & relevant consultation letters and investigations**
☐ List of medications attached ☐ 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**