DEER LODGE CENTRE
Making lives better

Movement Disorder Clinic Referral Form

200 Woodlawn Street, Winnipeg MB, R3J 2H7 PH: 204-940-8400, Fax: 204-940-8414

General Information:

Our clinic offers specialist support for patients and care partners with Movement Disorders including Parkinson disease and other forms of parkinsonism, tremor, dystonia, chorea, myoclonus, Huntington Disease, tics, restless leg syndrome, drug induced movement disorders and other movement disorders. We do not see General Neurology patients.

Services Offered:

- Specialized Movement Disorder Neurology Consultation and when needed, continuing intradisciplinary follow up
- Botulinum toxin Injections for movement disorders only (e.g. Dystonia, hemifacial spasm, blepharospasm)
- Nursing and Allied Health Supports for clinic patients followed by a clinic physician

Required Information:

Date of referral: _____ Referral Source (PCP): _____
Patient Name: (First, Last): _____
DOB (dd/month/year): _____ PHIN: _____
Address: _____
Patient Contact Number: _____Care Partner Contact Number: _____
Please include current medication list, imaging results, consultation notes

Primary Referral Reason:

- ☐ Consultation for Diagnostic Clarification only
- ☐ Consultation for Diagnostic Clarification and ongoing assistance with management
- ☐ Medication Optimization
- ☐ Parkinson Disease ☐ Parkinsonism ☐ Tremor ☐ Other Movement Disorder
- ☐ Has patient been referred to another Neurologist? _____

Main Question/Concern: _____

Patient History: _____
_____

Please identify all that apply:

☐ Falls ☐ Syncope/Incontinence ☐ Cognitive Impairment ☐ Hallucinations
☐ Dysphagia ☐ Mood Symptoms ☐ Sleep Disorder ☐ Bradykinesia ☐ Autonomic Issues
☐ Other: _____
Previous Diagnostic Testing: _____
***Please include all reports with referral**

If you are strongly suspicious of Parkinson's Disease, please initiate treatment pending patient visit to our clinic. Treatment information and resources are available via the QR code.

Referrer signature: _____
Referrer contact information: _____
Patient aware of Referral: YES / NO

Incomplete referrals will be returned to referral source resulting in treatment delay