



# Clinical Telemedicine Consult Request

FAX to 1-905-373-6972

Patient Name: \_\_\_\_\_ Health Card: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
Day Month Year

Infectious disease     Fracture Clinic     Telederm     Other: \_\_\_\_\_

**Clinical Genetics** Reasons for referral include, but are not limited to, intellectual disability/autism, multiple congenital anomalies, and suspected genetic types of neurological (e.g., movement disorders, epilepsy), cardiovascular (e.g., HCM, aortic dissection), endocrine (e.g., MODY, CAH), and ocular (e.g., RP) conditions.  
\* Please see second page for additional information to include in the referral.

**Neurology** Appropriate referrals include but are not limited to:  
- Stroke/TIA (Testing: ECG, MRI or CT, carotid ultrasound, or CTA)  
- MS/demyelination (Testing: MRI)  
- Seizure/epilepsy (Testing: MRI and EEG)  
- Headaches/migraine; Vertigo/dizziness; Parkinson's/Movement disorders

Referrals that are not appropriate for urgent virtual neurology clinic include:

- Pediatric patients (under 18) redirect to pediatrics
- Neuromuscular issues (neuropathy etc.) redirect to EMG
- Concussion: redirect to concussion clinic. Consider Dr Karen Ho @ Toronto Concussion Clinic @ Fax 1-833-333-1384 where referrals will be accepted for patients 8 years and older.
- Dementia redirect to geriatrics
- Established chronic condition already diagnosed/treated/followed by a neurologist redirect to own neurologist.

**Rheumatology** Appropriate referrals include inflammatory arthritis, connective tissue disease, vasculitis, spondyloarthropathy, autoinflammatory diseases, or other systemic inflammatory diseases.  
Referrals that will not be accepted include chronic pain, osteoarthritis, mechanical back pain without imaging evidence of sacroiliitis, or elevated ANA/RF without any clinical signs of inflammation.

Pending/completed tests:  MRI     CT     EEG

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Healthcare Provider: \_\_\_\_\_ Billing: \_\_\_\_\_ Phone: \_\_\_\_\_

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Please note additional considerations for specific genetic referrals below:

CLINICAL INFORMATION	
<p><b><u>Please include, as relevant:</u></b></p> <ul style="list-style-type: none"> <li>All genetic testing results</li> <li>Referral letter / Consult note(s)</li> <li>Copies of previous investigations / other lab results</li> <li>Records of family members, if relevant to referral, and with consent</li> </ul>	<p>Referrals that should be directed to different clinics:</p> <ul style="list-style-type: none"> <li>➤ Is the patient pregnant? If YES: Please consider sending a referral to a <b>Prenatal Genetics Clinic</b>, such as at <a href="#">Lakeridge Health</a> or <a href="#">Peterborough Regional Health Centre</a></li> <li>➤ Is this a cancer referral? If YES: Please send to a <b>Hereditary Cancer Clinic</b>, such as at <a href="#">Lakeridge Health</a> or <a href="#">Peterborough Regional Health Centre</a></li> <li>➤ Is this a consult for <b>Ehlers-Danlos syndrome</b>? If YES: Please refer to <a href="#">TGH EDS clinic</a></li> <li>➤ Is this a consult for <b>Huntington Disease</b>? IF YES: Please refer to <a href="#">NYGH HD clinic</a></li> <li>➤ Has the patient been seen at another genetics clinic? Please re-refer to that clinic</li> <li>➤ Please consider referring to a genetics clinic closer to the patient's home, if the patient does not live near NHH.</li> </ul>

<p><b>Marfan Syndrome</b></p> <p>Please send:</p> <ul style="list-style-type: none"> <li>Echo report with aortic dimensions</li> <li>Ophthalmology and cardiology records</li> <li>Relevant family history records.</li> </ul>	<p><b>Hypertrophic Cardiomyopathy</b></p> <p>Please send:</p> <ul style="list-style-type: none"> <li>Echo report and cardiology records</li> <li>Relevant family history records.</li> </ul>
<p><b>Monogenic Diabetes / Inherited Endocrine Disorders</b></p> <p>Please send:</p> <ul style="list-style-type: none"> <li>Endocrine labs, e.g., HbA1C, anti-GAD</li> <li>Endocrinology clinic notes</li> </ul>	<p><b>Retinal Dystrophy Retinitis Pigmentosa</b></p> <p>Please send:</p> <ul style="list-style-type: none"> <li>Electroretinogram (ERG) and/or</li> <li>Ophthalmology records/clinic notes</li> </ul>
<p><b>Neurofibromatosis</b></p> <p>Please send any dermatology records, ophthalmology records, imaging studies, and any family history records.</p>	<p><b>Neuropsychiatric conditions</b></p> <p>Please send any previous neuropsychiatric assessments, neuroimaging records, EMG/NCS, and other imaging (echocardiogram, ultrasounds), as relevant</p>

**NHH Clinical Telemedicine Coordinator (TMC)**  
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