



NORTH TORONTO NEUROLOGY
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==REFERRAL FOR CONSULTATION==

♦ Evan Lewis, MD, FRCPC ♦ Johann Micallef, MD ♦

PATIENT CONTACT INFORMATION

Last Name:	First Name:	Date of Birth:
OHIP #:	Version Code:	
Street Address:	Unit #:	City:
Postal Code:	Home Phone:	Mobile Phone:

REASON FOR REFERRAL

For Dr. Evan Lewis:

- Concussion/Post-Concussion
- Functional Neurological Disorder: Functional Seizures, Headaches & Cognitive Disorder
- Ketamine & Psychedelic-Assisted Therapy (KAT/PAT)

- Epilepsy
- Medical Cannabis: Treatment, Counselling & Education
- Psychedelics: Counselling & Education

For Dr. Johann Micallef:

- Concussion/Post-Concussion
- Headache/Migraine
- Vagal Nerve Stimulator (VNS): Adjustment & Monitoring

REFERRAL INFORMATION:

include relevant laboratory, imaging, neurophysiology results, etc.

Referring Individual:

MRP CPSO Number (physicians):

Most Responsible Practitioner (MRP):

MRP Billing Number (physicians or NPs):

MRP Contact Information (Name of Practice, Address, Phone & Fax):

MRP Signature:

Current Date:

*Send completed consultation requests to North Toronto Neurology by
Fax: 416.860.7559*