**FAX PATIENT REFERRAL TO:**
**REFERRAL MANAGEMENT SERVICES**
**FAX: 1-855-355-1921**
**PHONE: 1-833-337-7770**

# NEUROSURGERY: SASKATOON

**ALERT – For Emergent Referrals Contact SFCC 1-866-766-6050**

| **PATIENT INFORMATION:** | | First Name: | |
|---|---|---|---|
| Date of Birth: DD/MMM/YYYY | Age: | Address: | |
| City: | Prov: | PC: | HSN: |
| Home Phone: | Work Phone: | Cell Phone: | |
| Requires Interpreter ☐ YES ☐ NO | Language: | Gender ☐ M ☐ F ☐ Other ☐ Undeclared | |
| Is this a WCB Referral ☐ YES ☐ NO | | | |

**REFERRING PRACTITIONER & CLINIC INFORMATION:**

| | | |
|---|---|---|
| ☐ Family Doctor<br>☐ Nurse Practitioner<br>☐ Specialist<br>☐ Spine Pathway<br>☐ Other (Specify)_____ | Name:<br>Address:<br>Phone:<br>Fax: | |

**REFERRAL TO:** ☐ **URGENT (SPECIFY REASON):** _____

| | |
|---|---|
| ☐ Next Available Neurosurgeon<br>Except Dr._____ | ☐ Specific Dr. _____ |

**REASON FOR REFERRAL:** **CHECK PRIMARY REASON FOR REFERRAL AND INCLUDE RELEVANT DOCUMENTATION.**

| | | |
|---|---|---|
| General Neurosurgery | ☐ Brain Tumour<br>☐ Pain and Functional Neurosurgery<br>☐ Adult Hydrocephalus<br>☐ Cysts (e.g. Arachnoid/Ependymal/Pineal) | ☐ Surgical Epilepsy<br>☐ Peripheral Nerve<br>☐ Idiopathic Intracranial Hypertension<br>☐ Other _____ |
| Surgical Spinal Disorders | **Location**<br>☐ Cervical<br>☐ Thoracic<br>☐ Lumbar<br>☐ Sacral/Coccygeal | **Pathology**<br>☐ Degenerative ( e.g. Spinal Stenosis, Herniated Disc)<br>☐ Deformity (e.g. Scoliosis, Spondylolisthesis)<br>☐ Trauma<br>☐ Tumour<br>☐ Infection<br>☐ Adult Chiari |
| Cerebrovascular/ Endovascular | ☐ Unruptured Intracranial Aneurysm<br>☐ Carotid Stenosis/Stroke | ☐ Vascular Malformation<br>☐ Other _____ |
| Pediatric Neurosurgery | ☐ Pediatric | |
| Other | ☐ Specify: _____ | |

**For Triage Purposes:** (provide detailed information explaining patient complexity, comorbidities, and/or previous specialist consults *OR* attach information in letter)

**LINK** – For non-emergent Neurosurgery needs call ACAL (1-844-855-5465) and ask to speak to the LINK Neurosurgeon. Most calls are answered while your patient is still in your office and are typically < 10 minutes long.

**POOLED REFERRAL INFORMATION:** Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improve the patient experience.

| | |
|---|---|
| Physician Signature: | Date: |
| **Redirecting Specialist:**<br>☐ Pooled ☐ Specific Dr._____ | Date: |