



## Spasticity Management (Botox®) Clinic – Referral Form

This form is to be utilized by NEO Kids Pediatricians/Nurse Practitioners only. Not for external use. External referral sources are to refer to a Pediatrician using the Kids Care Centre Referral Form.

<b>PATIENT INFORMATION:</b>			
Date of Referral:		SH (if available):	
Name:		Gender:	
Home Address:			
Postal Code:		Date of Birth:	____ / ____ / ____ DD MM YYYY
Health Card (including version code):		Parent/Guardian:	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French
Home Phone:		Cell Phone:	
Parent/Guardian aware and consent to referral being made	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location Preference:	<input type="checkbox"/> Sudbury
<b>REFERRING SOURCE:</b>			
Referring Source:		Telephone:	
Fax:		OHIP Billing:	
Primary Health Care Provider:		Pediatrician:	
Physiotherapist:		Occupational Therapist:	
<b>REASON FOR REFERRAL:</b>			
Diagnosis:		Date of Diagnosis:	
<input type="checkbox"/> Upper Extremity (UE) <input type="checkbox"/> Lower Extremity (LE) <input type="checkbox"/> Upper and Lower Extremity (LE / UE)			
<b>MEDICAL HISTORY:</b>			
Please provide below, or attach, a brief history, reason for consultation, positive physical findings, relevant investigations, and current medications. The absence of necessary accompanying documentation will result in delayed consultation.			
<b>APPLICABLE INFORMATION ATTACHED</b>			
<input type="checkbox"/> Growth charts (WHO Growth Chart including completion of table (date/weight/height)) <input type="checkbox"/> Lab reports <input type="checkbox"/> Radiology reports <input type="checkbox"/> Other:			

All required information regarding the **Spasticity Management (Botox®) Clinic** can be accessed at [www.hsnsudbury.ca/NEOKids](http://www.hsnsudbury.ca/NEOKids). The patient will be contacted by the **Pediatric ACU** to have their intake appointment booked. Fax form and required attachments to **(705) 523-7288** or email to [neokidsacu@hsnsudbury.ca](mailto:neokidsacu@hsnsudbury.ca).