



DT9430

ADULT NEUROSURGERY CONSULTATION

Note:

- 1- For priorities A and B (refer on the back of the form) communicate directly with the neurosurgeon on call.
- 2- Notify the patient to bring a copy CD-ROM of the imageries for the appointment with the specialist.

Patient's first and last name			
Health insurance number		Year	Month
Expiry			
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation		Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months				
Spine cervico-dorsal	<input type="checkbox"/> Compressive myelopathy with symptoms > 8 weeks (Prerequisite: MRI report < 3 months and other investigation reports)	C	Tumor	<input type="checkbox"/> Extracerebral tumor: meningioma, neurinoma, schwannoma, pituitary tumor, skull base or cranial vault (Prerequisite: MRI report or CT scan and other investigation reports)	D	
	Painful or sensitivo-motor Radiculopathy (Prerequisite: MRI report < 3 months and other investigation reports)	<input type="checkbox"/> With severe symptoms and functional limitations (ADLs/DA) > 8 weeks	D	Vascular	<input type="checkbox"/> Cerebral aneurysm, arterio-venous malformation, dural fistula, cavernoma (without hemorrhage) (Prerequisite: MRI report or CT scan and other investigation reports)	D
		<input type="checkbox"/> With moderate chronic symptoms > 8 weeks	E		<input type="checkbox"/> Asymptomatic carotid stenosis (≥ 70%) (Prerequisite: imaging report and other investigation reports)	D
	<input type="checkbox"/> Neck pain/Thoracic spine pain with anatomical instability, seen on imaging, without spinal cord or nerve root involvement. (Prerequisite: imaging report and other investigation reports)	D	Functional	<input type="checkbox"/> Craniofacial neuralgia (e.g. trigeminal) refractory to medical therapy (Prerequisite: MRI report and other investigation reports)	D	
Spine lombo sacral	Painful or sensitivo-motor Radiculopathy or Neurogenic claudication (Prerequisite: MRI report < 3 months and other investigation reports)	<input type="checkbox"/> With severe symptoms and functional limitations (ADLs/DA) > 8 weeks		D	Cranial miscellaneous	<input type="checkbox"/> Chronic hydrocephalus or normal pressure hydrocephalus (Prerequisite: imaging report and other investigation reports)
		<input type="checkbox"/> With moderate chronic symptoms > 8 weeks	E	<input type="checkbox"/> Intracranial cyst (e.g. arachnoid, pineal gland) (Prerequisite: MRI report or CT scan and other investigation reports)		E
	<input type="checkbox"/> Isolated low back pain without radiculopathy with structural anomaly (scoliosis, spondylolysis, spondylolisthesis) (Prerequisite: MRI report < 3 months and other investigation reports)	E	Peripheral nerves	Compressive neuropathy (e.g. carpal tunnel or cubital tunnel) (Prerequisite: EMG < 1 year and other investigation reports)	<input type="checkbox"/> With motor deficit	D
					<input type="checkbox"/> Without motor deficit	E
			<input type="checkbox"/> Peripheral nerve tumor (Prerequisite: MRI or ultrasound < 3 months)	D		

☐ Other reason for consultation or clinical priority modification
(MANDATORY justification in the next section):

Clinical priority

Suspected diagnosis and clinical information (mandatory)

If prerequisite is needed :

- ☐ Available in the QHR
☐ Attached to this form

Special needs:

Referring physician identification and point of service

Stamp

Referring physician's name		Licence no.	
Area code	Phone no.	Extension	Area code Fax no.
Name of point of service			
Signature		Date (year, month, day)	

Family physician: ☐ Same as referring physician ☐ Patient with no family physician

Registered referral (if required)

Family physician's name	
Name of point of service	

If you would like a referral for a particular physician or point of service

Legend

¹ Web site for « Liste des Guichets d'entrée régionaux pour les traumatismes crâniens cérébraux (TCC) légers »:
<http://fecst.inesss.qc.ca/fileadmin/documents/Publications/Liste-contacts-reference-TCCL-decembre-2016.pdf>

Clinical alerts and priority A or B (non-exhaustive list)

Communicate with the neurosurgeon on call

- Intracranial hemorrhage
- Syndrome of intracranial hypertension with or without alteration of consciousness
- Sudden or rapidly progressive onset of neurological deficit (arising from brain, spinal cord, cauda equina or acute radiculopathy with motor deficit)
- Acute or subacute myelopathy (spinal cord compression) with rapid evolution of symptoms
- Symptomatic carotid stenosis
- Acute moderate or severe cranio-cerebral¹ or spinal cord traumatic injury
- Cranial or spinal fracture
- Intracerebral brain tumors: metastasis, gliomas or others
- Intradural or extradural spinal tumors (primary or metastatic)