



DT9430

ADULT NEUROSURGERY CONSULTATION

Note:

- 1- For clinical alerts and 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 CD-ROM copy of the radiological imaging for the appointment with the specialist.
- 3- Check the reason for consultation and complete the mandatory section on suspected diagnosis and clinical information.
- 4- Attach other relevant investigation reports if available.

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			

Clinical priority scale: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months

For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.

Reason for consultation

Spine cervico-dorsal	☐ Compressive myelopathy with symptoms > 8 weeks (Prerequisite: MRI report < 12 months and other investigation reports)	C	Tumor	☐ Extraparenchymal intracranial tumors: meningioma, schwannoma, pituitary tumor, skull or skull base tumor (Prerequisite: MRI report or CT scan and other investigation reports)	☐ With progressive neurological symptom	C
	Painful or sensory-motor radiculopathy (Prerequisite: MRI report < 12 months and other investigation reports) (e.g. cervical disc herniation)	☐ With severe symptoms and functional limitations (ADLs/DA) > 8 weeks		D	☐ Without progressive neurological symptom	D
		☐ With moderate chronic symptoms > 8 weeks		E		
	☐ 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 if available)		D	Vascular	☐ Cerebral aneurysm, arterio-venous malformation, dural fistula, cavernoma (without hemorrhage) (Prerequisite: MRI report or CT scan and other investigation reports)	
			☐ Asymptomatic carotid stenosis (≥70%) (Prerequisite: imaging report and other investigation reports)			D
Spine lombo sacral	Painful or sensory-motor radiculopathy or neurogenic claudication (Prerequisite: MRI report < 12 months and other investigation reports) Unsuccessful 8 weeks trial of physical therapy and medication	☐ With severe symptoms and functional limitations (ADLs/DA) > 8 weeks	D	Functional	☐ Craniofacial neuralgia (e.g. trigeminal) refractory to medical therapy (Prerequisite: MRI report and other investigation reports)	D
		☐ With moderate chronic symptoms > 8 weeks	E		☐ Neuromodulation for chronic pain syndrome or for spasticity (Prerequisite: investigation reports)	E
	☐ Isolated low back pain with structural abnormality (scoliosis, spondylolysis, spondylolisthesis, spinal stenosis, foraminal stenosis) (Prerequisite: MRI report < 12 months and other investigation reports)		E		Cranial miscellaneous	☐ Chronic hydrocephalus or normal pressure hydrocephalus (Prerequisite: imaging report and other investigation reports)
Peripheral nerves	Compressive neuropathy (e.g. carpal tunnel or cubital tunnel) (Prerequisite: EMG < 1 year and other investigation reports)	☐ With motor deficit	D	☐ Intracranial cyst (e.g. arachnoid, pineal gland) (Prerequisite: MRI report or CT scan and other investigation reports)		E
		☐ Without motor deficit	E	☐ Cranial lesion with benign features (e.g. cyst, bone malformation) (Prerequisite: MRI report or CT scan and other investigation reports)		E
	☐ Peripheral nerve tumor (Prerequisite: MRI or ultrasound < 12 months)		D	☐ Type 1 Chiari malformation : symptomatic ¹ or with a syrinx	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			
Family physician's name			
Name of point of service			

Registered referral (if required)

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

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-cerebral or spinal cord traumatic injury
- Cranial or spinal fracture
- Intracerebral brain tumors: metastasis, gliomas or others
- Intradural or extradural spinal tumors (primary or metastatic)

Legend

¹ Associated symptoms with Type 1 Chiari malformation are the following : headache during exercise, difficulty swallowing, sleep apnea. At least one of these symptoms is required.