

Lions Gate Hospital Rapid Access Spinal Clinic (RASC) Referral Form

All referrals are pre-screened by a neurosurgeon to ensure the referral criteria have been met. The neurosurgeons will then decide, based on a review of the patients' medical imaging results, the appropriate time frame in which a patient should be seen. Please inform patients that we will contact them to arrange a consultation appointment. Please note that all incomplete referrals (if there are no recent CT/MR reports attached) will be sent back.

Please choose from one of the following options:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dr. Shahid Gul | <input type="checkbox"/> Dr. Ramesh Sahjpaal | <input type="checkbox"/> Dr. Julio Padilla |
| <input type="checkbox"/> Dr. Abdu Mutat | <input type="checkbox"/> Dr. Paul Thompson | <input type="checkbox"/> First Available Surgeon |

1. Patient Demographic Information

Name: _____ Gender: F M

DOB: _____ PHN: _____

Telephone: Home _____ Work _____

Address: _____

2. Referring Physician

Name: _____ Billing Number: _____

Address: _____

Telephone: _____ Fax: _____

3. Referral Criteria

Cervical:

- Acute or sub-acute cervical radiculopathy
- Rapidly progressive myelopathy from disc/stenosis

Lumbar:

- Acute or sub-acute sciatica with or without neurological deficit
- Severe symptoms of spinal stenosis

4. Medical Imaging (MANDATORY- MUST ACCOMPANY REFERRAL)

- Copy of recent CT or MRI report (within 1 year) confirming presence of pathology. MRI is the preferred imaging modality in cases of previous lumbar surgery and for all cervical pathology.

Comments: _____