Duodopa® Treatment Referral Form

Fax: 416 603 5004

Current wait time for initial consultation for patients being considered for Duodopa® therapy is approximately 4 months and the Ontario Ministry of Health Exceptional Access Program Funding request response time is up to 8 weeks. In order to minimize any further delay in this process, your patient must meet the criteria listed in the form below.

DATE: _____

PATIENT INFORMATION			
NAME			
ADDRESS			
PHONE # (s)			DATE OF BIRTH____/____/____/ dd / mm / yy
HEALTH CARD #		VERSION CODE:	EXP. DATE: ___/ ___/ ___/

REFERRING PHYSICIAN INFORMATION	
OHIP PROVIDER #	
NAME	
ADDRESS	
PHONE	FAX

1) Year of PD diagnosis: _____

2) Does the patient have clear fluctuations between a relatively good "on" state and a disabling "off" state?
□Yes □No

If Yes:

3) Does the patient spend at least 25% of the waking day in the “off” state despite multiple doses of oral levodopa?
□Yes □No

If Yes,

4) How many doses of levodopa does the patient take during the day (excluding bed-time and night-time doses)? _____

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5) Does the patient experience uncontrolled psychosis or dementia?

☐Yes ☐No

Please note that uncontrolled psychosis or dementia are contraindications for Duodopa.

6) Has the patient tried **Dopamine agonist**?

□Yes Name of dopamine agonist(s)_____
Dosing regimen:_____
Duration of therapy including **start** and **end** date:_____
Response to therapy:_____

□No Reason:_____

7) Has the patient tried **MAO-B inhibitor**?

□Yes Name of MAO-B inhibitor:_____
Dosing regimen:_____
Duration of therapy including **start** and **end** date:_____
Response to therapy:_____

□No Reason:_____

8) Has the patient tried **COMT inhibitor**?

□Yes Name of COMT inhibitor:_____
Dosing regimen:_____
Duration of therapy including **start** and **end** date:_____
Response to therapy:_____

□No Reason:_____

We will not be able to provide an appointment without all the above information.

PLEASE FAX COMPLETED FORM TO 416 603 5004

Thank you for your assistance. If you have any questions or concerns, please refer to the Ontario Ministry of Health criteria. Should you require any further assistance, please do not hesitate to contact my office.

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