

Toronto Western Hospital
General Neurology Clinic
Referral Guidelines

- Referrals are only from UHN/SHS Emergency Rooms and inpatient units.
- Please fax referrals to 416-603-6402
- Complex non-urgent subspecialty cases should be referred directly to the appropriate clinic as per their guidelines. Please do not simultaneously refer to the general neurology clinic as well as a subspecialty neurology clinic

Reasons to Refer	Do NOT refer if:
Neuro deficits such as weakness and/or numbness with unclear localization including ?cranial nerve palsies other than classic Bell's palsy	Patient has a neurologist → re-refer to that neurologist
	Pediatric patients → please refer to pediatric neurology e.g. Sickkids
	Stroke/TIA – Rule out code stroke. Send to TAMS or Stroke Prevention Clinic
	Transient Global amnesia – can follow up with family doctor
Movement disorders: Parkinsonism, tremor, ataxia. (Please do not simultaneously refer to the movement disorders clinic.)	Seizures – If complex send to Epilepsy clinic. First seizure send to 1 st seizure clinic unless alcohol related
	Alcohol withdrawal seizures
	Neuro deficits requiring nerve conduction studies/EMG → Refer to neuromuscular
Gait disorders	Syncope → Refer to cardiologist/family doctor
	Hearing loss/ Tinnitus/ Vertigo → refer to ENT
Rapidly progressive cognitive impairment requiring detailed neurologic assessment	Monocular vision loss → refer to ophthalmology; only refer at request of ophtho after ocular causes ruled out
	Acute or severe neurologic issue → consult on call team as appropriate
Cranial nerve palsy other than Classic Bell's palsy	Bell's Palsy → Followup with family doctor
Suspected myelopathy (Acute cases should be seen in the emergency room)	Chronic pain & Fibromyalgia → Refer to pain clinic
Multiple complex neurologic symptoms without a clear etiology and not previously worked up	Concussion → Refer to ABI network/concussion clinics
	Tumours/masses → Refer to neurosurgery. If pituitary lesion please send to pituitary clinic
	Pre-existing cognitive impairment → Please refer to family physician for management
Query multiple sclerosis (only if no neurologist or referral to the MS clinic), including medical myelopathy (surgical causes ruled out)	Occasional migraine (+/- aura) or tension type → Followup with family doctor
	Chronic poorly managed headaches → http://tapmipain.ca/