



## TUH Neurology consult record sheet for external calls/referrals

Date: \_\_\_\_\_

All boxes 1-5 on Page 1 must be completed by the referring medical team and emailed for the attention of the Neurology Registrar on Consults.

Portlaoise <input type="checkbox"/>	Naas <input type="checkbox"/>	Other: _____
Referring Consultant: _____	Patient name: _____	
Contact name: _____	Patient DOB: _____	
Contact mobile: _____	Referring hospital MRN: _____	
Date of admission to referring hospital: _____	TUH MRN if available: _____	

Background medical/surgical history:

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Current medications:

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Brief history and consult question:

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Relevant imaging available for review/CSF results:

