

**Our Vision** is to provide the highest quality services by ensuring rapid access to advanced diagnostic testing and consultation

### Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Health Card / Version Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Height: \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs. \_\_\_\_ kg. Smoker: Yes ☐ No ☐

### Physician Information

Physician Name: \_\_\_\_\_ Referring Physician #: \_\_\_\_\_  
Office E-Mail: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Preferred Method of Report Delivery: ☐ Email ☐ Fax ☐ Mail

### Consultation

#### Reason for Referral

- ☐ Headache ☐ Neuromuscular / EMG  
☐ Stroke / TIA ☐ Movement Disorder  
☐ Seizure / Epilepsy ☐ Dementia  
☐ MS ☐ Other / Please Specify

#### Urgency

- ☐ Semi-urgent  
☐ Elective  
☐ Follow Up

#### Neurologist

☐ Dr. Chern W. Lim

Pertinent Clinical History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Medical History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

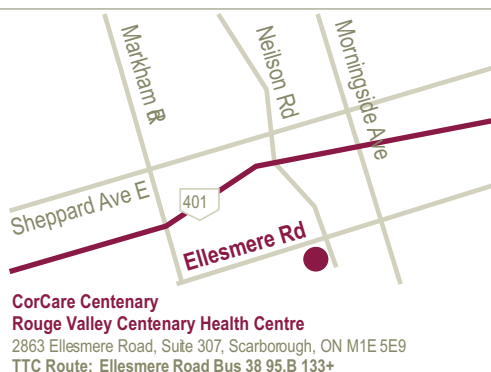
Medication \_\_\_\_\_  
\_\_\_\_\_

Please fax/attach pertinent lab/imaging results (CT, MRI, U/S, x-ray) along with the CD/DVD, specialists consult letter, EEG/EMG result, hospital discharge summary.

### Locations



Physician Signature \_\_\_\_\_



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## Rules and Guidance

1. Patients must bring all their medications to this appointment.
  2. Patients must bring their own translator if language spoken is other than English, Cantonese, or Mandarin.
  3. Patients will be asked to fill in a questionnaire when they check in for their appointment.
  4. Our office will not rebook no-show appointments automatically. Patients who do not show up for their appointment or who have cancelled their appointment with less than 24 hours notice will be charged \$50 at their rescheduled appointment.
  5. For all EMG requests, a separate neurological consultation request is required. Patients will only be booked for EMG after they have been seen in consultation. Please complete the provided EMG referral form with all EMG requests.
  6. We only accept patients over 18 years of age. Please refer to a pediatrician or pediatric neurologist for patients under 18.
  7. Patients must bring their lab result, imaging report (CT, MRI, U/S, x-ray) along with the CD, EEG or EMG result, and/or specialist letter with them to their appointment. (If above reports were previously done.)
  8. The appointment might not be scheduled until all the necessary information is received.
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## Our Physicians

### Cardiology

**Nisha A. D'Mello** MD, FRCPC  
Cardiology & Cardiac Imaging

**Anjala Chelvanathan** MD, FRCPC  
Cardiologist

**Paul Galiwango** MD, FRCPC  
Cardiology & Cardiac Imaging

**Sarah Ipekian** MD, FRCPC  
Cardiology & Cardiac Imaging

**Saleem Kassam** MD, FRCPC  
Interventional & General Cardiology

**Askok Mukherjee** MD, FRCPC  
Cardiologist

**Joseph Ricci** MD, FRCPC, FACC  
Cardiologist

### Internal Medicine

**Raluca Kukreja** MD, FRCPC  
General Internal Medicine

**Sami Marqus** MD, FRCPC  
General Internal Medicine &  
Special Interest in Diabetes

### Neurology

**Chern W. Lim** MD, FRCPC  
Neurology and Neuromuscular

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## Our Services

- Cardiac Assessment and Diagnostics
  - Echo – Stress Test – Holter
  - Cardiologists Available On Site
  - Nuclear Medicine
  - Internal Medicine and Diabetes Referral
  - Neurology and Neuromuscular Referral
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