FAX PATIENT REFERRAL TO:
REFERRAL MANAGEMENT SERVICES
FAX: 1-855-355-1921
PHONE: 1-833-337-7770

NEUROSURGERY: SASKATOON

ALERT – For Emergent Referrals Contact SFCC 1-866-766-6050

PATIENT INFORMATION:	Last Name:		First Name:	
Date of Birth: DD/MMM/YYYY	Age:	Address:		
City:	Prov:	PC:	HSN:	
Home Phone:	Work Phone:	Cell Phone:		
Requires Interpreter ☐ YES ☐ NO	Language:		Gender ☐ M ☐ F ☐ Other ☐ Undeclared	
Is this a WCB Referral ☐ YES ☐ NO				

REFERRING PRACTITIONER & CLINIC INFORMATION:

☐ Family Doctor ☐ Nurse Practitioner ☐ Specialist ☐ Spine Pathway ☐ Other (Specify)	Name: Address: Phone: Fax:	

REFERRAL TO: ☐ **URGENT (SPECIFY REASON):**

☐ Next Available Neurosurgeon Except Dr.	☐ Specific Dr.

REASON FOR REFERRAL: **CHECK PRIMARY REASON FOR REFERRAL AND INCLUDE RELEVANT DOCUMENTATION.**

General Neurosurgery	☐ Brain Tumour ☐ Pain and Functional Neurosurgery ☐ Adult Hydrocephalus ☐ Cysts (e.g. Arachnoid/Ependymal/Pineal)	☐ Surgical Epilepsy ☐ Peripheral Nerve ☐ Idiopathic Intracranial Hypertension ☐ Other
Surgical Spinal Disorders	**Location** ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Sacral/Coccygeal	**Pathology** ☐ Degenerative (e.g. Spinal Stenosis, Herniated Disc) ☐ Deformity (e.g. Scoliosis, Spondylolisthesis) ☐ Trauma ☐ Tumour ☐ Infection ☐ Adult Chiari
Cerebrovascular/ Endovascular	☐ Unruptured Intracranial Aneurysm ☐ Carotid Stenosis/Stroke	☐ Vascular Malformation ☐ Other:
Pediatric Neurosurgery	☐	
Other	☐ Specify:	

For Triage Purposes: (provide detailed information explaining patient complexity, comorbidities, and/or previous specialist consults *OR* attach information in letter)

LINK – For non-emergent Neurosurgery needs call ACAL (1-844-855-5465) and ask to speak to the LINK Neurosurgeon. Most calls are answered while your patient is still in your office and are typically < 10 minutes long.

POOLED REFERRAL INFORMATION: Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improve the patient experience.

Physician Signature:	Date:
Redirecting Specialist: ☐ Pooled ☐ Specific Dr.	Date: