

PATIENT INFORMATION
 (Affix Patient Label/Identification Here)

Name in use: _____
 Legal name: _____ Date of Birth: ____ / ____ / ____
 DD/MM/YYYY
 Health Card: _____ Version Code: _____
 Address: _____
 Telephone: _____ Alternate: _____

SCOPE Headache Clinic Referral Form

Referral Date: ____ / ____ / ____
 DD/MM/YYYY
Preferred Name: _____
Gender: _____
Language spoken: _____
Pronouns: She, Her He, Him They, Them Other: _____
Allergies: _____

SCOPE PCP INFORMATION:

Name: _____ **Address:** _____
Telephone: _____ **Fax:** _____
Billing Number: _____ **Signature:** _____

REASON FOR REFERRAL:

1. Presumed Headache Diagnosis/Chief Complaint:	2. Is the headache problem: <input type="checkbox"/> New (Less than 3 months) <input type="checkbox"/> Chronic Daily <input type="checkbox"/> Worsening of Previous Pattern <input type="checkbox"/> Difficult to Treat
3. Is there relevant neuroimaging? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are you concerned these are secondary headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is this patient: <input type="checkbox"/> Pregnant <input type="checkbox"/> Pregnancy Planning <input type="checkbox"/> N/A	6. Have they seen a headache specialist or neurologist within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

HEADACHE THERAPIES TRIALED (√):

PREVENTIVE			ACUTE		
	Previous	Current		Previous	Current
Nadolol/Propranolol			1.		
Candesartan			2.		
Amitriptyline			3.		
Topiramate			Days per month of acute treatments? _____		
Gabapentin			Is the patient currently using opioids? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Botox					
Other: _____					

ADDITIONAL COMMENTS:

	Please attach the following: ► Past and current medical history ► Current Medications ► Neuroimaging ► Consults
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VIRTUAL CARE HEALTH EQUITY SCREENING

Does the patient have a computer, laptop or mobile device with a working microphone and front-facing camera?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have a reliable, secure and high-speed internet connection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have a safe and private location wherein they can participate in the video visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have the English and computer literacy necessary to perform all of the tasks associated with setting up and navigating My Health Record, downloading apps from app stores, and setting up the video visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are video visits culturally acceptable to this patient as a trusted from of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

PATIENT CONSENT FOR EMAIL TO BE USED FOR PATIENT PORTAL REGISTRATION

WCH SCOPE Headache Clinic uses a patient portal called myHealthRecord (myHR) to connect with patients before and after their visit. myHR allows patients to more easily complete clinical documentation and receive materials that help them prepare for their upcoming visit. WCH will use the email address provided below to send the patient an activation code for the myHR patient portal.

Please ensure the patient has consented to your office sharing their email address for this purpose, using the consent script included below:

“Women’s College Hospital uses a patient portal called myHealthRecord. Some of your clinical documentation may be completed ahead of the appointment using the patient portal. Are you comfortable with our office providing your email address to Women’s College Hospital so that they can send an activation code to you to register for MyHealth Record? The confidentiality of email cannot be guaranteed and is used only with your permission and at your own risk. No other personal health information will be sent to you over email. You can decide if you’d like to sign-up after reviewing the Terms and Conditions. myHealthRecord

Patient Consented to Office Sharing Email with WCH for Patient Portal Registration?

- Yes – Patients Email Address:
- No – Patient Declined
- No – Patient does not have email

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