My Kidz Pediatric Clinic
MyNeurology Clinic
SE CLINIC ADDRESS: #302 – 11420 27th St. SE, Calgary, AB T2Z 3R6
NE CLINIC ADDRESS: #105 – 3223 5th Ave NE Calgary, AB T2A 6E9
Phone: 587-332-0600 Fax: 587-332-0601

Consultation Request

Date:_____/_____/ _____

FAX TO: 587-332-0601

Name: _____

Address: _____

_____

_____

DOB: ___ ___ / ___ ___ / ___ ___
dd mm yy

Age: _____ Gender: _____

AHN: _____

Phone: _____

Consultation Services:

- ☐ **General Pediatrics**
- ☐ **Pediatric Sleep Medicine**
- ☐ **Neurology (Pediatric / Young Adult)** - newborn to 21 years old
- ☐ **Neurology (Pediatric / Young Adult) Telephone Consultation**
- ☐ **Neurology - Epilepsy / Others -**_____

Reason for Referral:

Pertinent Labs or Physical Findings:

Past Medical History:

Current Medications:

Referring Provider:_____ **Prac. ID :** _____

Phone Number :_____ **Fax No. :** _____

☐ *Please check this box if you are in need of additional referral pads*