Neurology Referral Form

Thank you for your referral. A referral coordinator will handle your transfer and ensure your patient is seen in a timely manner. For questions, please call **345-325-9000 ext. 1** **OR** **345-949-6066 ext. 1** M-F 9am-5pm.

Please complete referral and send corresponding records to **DH.referrals@doctorshospitalcayman.com**.

Patient details

MRN no.

Title ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr.

First Name

Last Name

Previous Last Name

Date of Birth (DD-MM-YYYY)

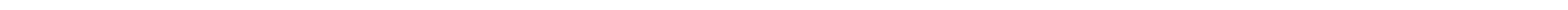
Gender ☐ Male ☐ Female ☐ Other

Home Phone Number

Work Phone Number

Mobile Phone Number

Address



Referral details

Referring Doctor

Date of Referral (DD-MM-YYYY)

Phone Number

Patient type ☐ Outpatient ☐ Inpatient

Urgency ☐ STAT ☐ Urgent ☐ Semi-Urgent ☐ Not Urgent

Clinical information

Length of time since symptoms began

Description of symptoms

Provisional diagnosis — Reason for referral

Is the patient diabetic? ☐ Yes ☐ No

Is the patient taking an anticoagulant? ☐ Yes ☐ No

Mobility ☐ Ambulant ☐ Wheelchair ☐ Crutches

Medication/treatment received

Relevant PMH

Specialty or Test Requested

- ☐ General neurology consultation
- ☐ Epilepsy
- ☐ Headaches/migraines
- ☐ Nerve conduction study (EMG)
- ☐ Movement disorders
- ☐ CNS electrodiagnostics

Special Instructions to Patient

- ☐ Bring diagnostic reports/results
- ☐ Bring medications

Other

Consultant grading comments (hospital use only)

DH Doctors Hospital

16 Middle Road, George Town | Direct Line: (345) 949-6066 | Care Centre: (345) 325-9000 | doctorshospitalcayman.com