

ONTARIO BILKEY ADHD CLINICS
Dr. Timothy S. Bilkey, Hons.B.Sc.,M.D.,F.R.C.P.(C)
Consultative Psychiatry
Specializing in Adult Attention-Deficit Hyperactivity Disorder
www.bilkeyadhdclinic.com

400 Bayfield Street, Suite 245
Barrie, Ontario L4M 5A1

Tel: 705-726-0036
Fax: 705-726-0836

CONSULTATION REQUEST FORM

Patient Name: _____

Address: _____

Postal: _____

Phone #: Home: _____ Work: _____

Version _____

Health Card #: _____ Code: _____

Date of Birth: _____
Day Month Year

Referring Physician: _____

Address: _____

Phone: _____ Fax _____

Reason for consultation request : () 2nd opinion re diagnosis
() 2nd opinion re treatment

Has patient ever been diagnosed with ADD/ADHD before. YES NO If Yes, when and by whom. _____

Presenting Symptoms:

Medical Illnesses:

Any other neurological disorders:

Any psychiatric hospitalizations? YES NO If Yes, for what, when and where?

Current psychiatric medications: (please include dosage and response to medication)

Any other pertinent information with regards to your patient.

Please include any recent (within 6 months) laboratory tests, including CBC, differential, liver and renal function, TSH, serum calcium, serum cortisol, also EEG and ECG.