

New Neurology Patient Dictation Template

Foreword

The following templates are guidelines only. Modifications should be made based on relevant patient history and staff physician preferences. Two templates have been provided: one for older children, and one for infants/toddlers.

****Important****

It is very important that referring physicians and other care physicians get a copy of the clinic letter. Therefore at the beginning of each dictation please state clearly and spell the names of all physicians involved in the patients care including, if known, where the physician is located.

To identify which physician has made the referral (very important during follow up visits), please start the body of the dictation by “Dear Dr....., Thank you for referring..... to the neurology clinic”.

Children and Adolescent Template

Dear Dr. X,

Thank you for referring (*patient's full name*) to the pediatric neurology clinic at McMaster Children's Hospital. I had the opportunity to meet with (*patients first name and others in attendance*) with (*attending staff neurologist*) on (*date*). As you know, (*patient's first name*) is a (*patient's age and sex*) referred for (*reason of referral*).

History of Present Illness

Details of current issue(s).

Review of systems.

Past Medical History

Major medical conditions (numbered list with details).

Hospitalizations/Surgeries.

Medications/Management

Numbered list of medications with dosages (and ideally, dose per kg per day)

Allergies

Immunizations

Developmental History

Brief overview of pregnancy, delivery, and major milestones. **This must be expanded into greater detail if there are ANY concerns!!** (please see the Toddler/Infant template for details).

Family History

Ethnic origin, consanguinity, pedigree.

Specific relevant neurologic/systemic conditions in family.

Social History

Parental occupation, residence.

HEADS interview (with parents out of room for any teenager)

Supports and other services involved.

Physical Examination

General comments. Growth parameters (and centiles). Vitals. Systemic exam (HEENT, cardiac, resp, abdo, MSK, dermatology, and others as appropriate).

Neuro exam – higher cognitive, cranial nerves, motor (muscle bulk, tone, power), reflexes, sensation, coordination, stance, gait, autonomic signs, special testing.

Previous Relevant Tests

Neuroimaging, neurophysiology, genetic testing, relevant blood work, etc.

Impression

Brief summary of pertinent points.

Differential diagnosis with support for your top diagnoses and reasons that others are less likely.

What you spoke with the parents about and details of plan.

Plan

Numbered list briefly reiterating plan and followup.

If you have any questions or concerns, please contact *(staff neurologist's nurse)* at extension XXXX.
Thank you for referring this patient to our clinic.

Sincerely,

Infant and Toddler Template

Dear Dr. X,

Thank you for referring *(patient's full name)* to the pediatric neurology clinic at McMaster Children's Hospital. I had the opportunity to meet with *(patients first name and others in attendance)* with *(attending staff neurologist)* on *(date)*. As you know, *(patient's first name)* is a *(patient's age and sex)* referred for *(reason of referral)*.

Pregnancy History

Age, pregnancy status, and health of mother. Details of pregnancy.

Labour and Delivery History

Gestational age at birth. Method of delivery. Any complications. Birth weight. APGARs. Interventions. Time spent in hospital after delivery (expand if any neonatal concerns)

Past Medical History

Major medical conditions (numbered list with details).

Hospitalizations/Surgeries.

Medications

Numbered list of medications with dosages (and ideally, dose per kg per day)

Allergies

Immunizations

Developmental History

Gross motor, fine motor, expressive language (verbal/non-verbal), receptive language, social, ADLs

History of Present Illness

Details of current issue(s).

Review of systems.

Family History

Ethnic origin, consanguinity, pedigree.

Specific relevant neurologic/systemic conditions in family.

Social History

Parental occupation, residence.

Supports and other services involved.

Physical Examination

General comments. Growth parameters (and centiles). Vitals. Systemic exam (HEENT, cardiac, resp, abdo, MSK, dermat, and others as appropriate).

Neuro exam – cranial nerves, motor (muscle bulk, tone, power), reflexes, sensation, coordination, stance, gait, special testing (primitive reflexes where applicable).

Previous Relevant Tests

Neuroimaging, neurophysiology, genetic testing, relevant blood work, etc.

Impression

Brief summary of pertinent points.

Differential diagnosis with support for your top diagnoses and reasons that others are less likely.

What you spoke with the parents about and details of plan.

Plan

Numbered list briefly reiterating plan and followup.

If you have any questions or concerns, please contact *(staff neurologist's nurse)* at extension XXXX.
Thank you for referring this patient to our clinic.

Sincerely,

Name:

ID:

**Pediatric Neurology / Epilepsy Clinic
Follow-up Patient Visit**

DATE:

ID:

OTHER HEALTH CARE TEAM MEMBERS PROVIDING CARE TODAY:

FAMILY MEMBERS / GUARDIAN ACCOMPANYING PATIENT:

DIAGNOSES:

- 1.
- 2.
- 3.

CURRENT MEDICATIONS: (weight =)

- 1.
- 2.
- 3.
- 4.

RELEVANT PAST MEDICATIONS:

- 1.
- 2.
- 3.

SERVICES INVOLVED:

ISSUES / INTERVAL HISTORY:

- 1.

2.

3.

EXAMINATION:

LIST OF ALL INVESTIGATIONS – PREVIOUS AND CURRENT:

1.

2.

3.

4.

5.

IMPRESSION:

PLAN:

1.

2.

3.

4.

FOLLOW-UP: