epilepsy
simcoe county

Phone: 705-737-3132
72 Ross Street, Unit 7
Barrie, ON Canada L4N 1G3

www.epilepsysimcoecounty.ca
charitable registration number:
10730 7001 RR0001

Referral Form (Clinic-to-Community)

Please fill out and return to *Epilepsy Simcoe County*

Email: epilepsysimcoecounty@rogers.com
Phone: 705-737-3132
Fax: 705.417.1791

Patient Name: ____

Date of Birth (M/D/Y): ____/____/_____ Referral Date: _____________

City: ______________________________ Phone: _________________

Seizure Type(s): ____

Reason for Referral *(check all that apply)*:

❏ New Diagnosis / First Seizure

❏ Coping Strategies

❏ Seizure Education / First Aid Training

❏ Parent and Family Support

❏ Other: ____

Medical History:

Referring Doctor's Signature: _____________________________________

ESC Office Use Only (Version 1.1)	Date Received
First Contact	C2C Appointment Date

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WORKING TO CHANGE LIVES FOR THE BETTER