

**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**  
**timbilkeymd.com**

320 Bayfield Street, P.O. Box 21088  
Bayfield Mall, Barrie, ON L4M 3C0

Tel: 705-728-2867  
Fax: 705-728-6987

---

-----  
**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.**