ALEXANDER MELINYSHYN, MD
HEADACHE SPECIALIST & NEUROLOGIST

1055 Fanshawe Park Rd W, Suite 302
London, ON, N6G 5B4
Tel.: 226-213-7171
Fax: 519-473-2666

REQUEST FOR NEUROLOGICAL CONSULTATION

Dr. Alexander Melinyshyn, MD, FRCPC (Neurology)

Thank you for considering a referral to our service. This clinic provides neurology consultations in the community with a specific focus on headache diagnosis and management. We do not accept referrals for pediatric patients younger than 17 years. Due to our focus on headache management, we are unable to accommodate all requests for general neurology referral.
Please see the reverse of this form for consultation requirements.

Patient Name: _____

DOB: _____

Sex: _____

OHIP No.: _____

Tel.:_____

REASON FOR REFERRAL:

Patient e-mail for intake survey: _____.

Please attempt 2 or more empiric headache preventives prior to referral.

A list of options, including dosing strategies is attached.

Please review referral checklist. ***Incomplete referrals will be returned.***

Requests are not forwarded to Dr. Melinyshyn for review until our office receives a completed form.

EMERGENCY

For emergency cases **please direct the patient to the nearest Emergency Department.**

☐ URGENT

Direct the patient to the Urgent Neurology Clinic:
Victoria Hospital - East Tower / 800 Commissioner's Road E. / London, Ontario
Tel: (519) 667-6661 or 685-8500 x 77681 / Fax: (519) 667-6766

☐ ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences if specialist assessment is delayed beyond one month.

_____ _____

NAME OF REFERRING PROVIDER (SIGNATURE) BILLING No.

_____ _____

NAME OF REFERRING PROVIDER (PRINTED) DATE [DD/MM/YYYY]

WHAT TO INCLUDE WITH YOUR REFERRAL (*incomplete referrals will be returned*):

- ☐ History of problem onset, character, and duration
- ☐ Copies of most recent clinical note and any other relevant notes (including other specialists')
- ☐ Relevant blood work and investigations to date
- ☐ Past medical history (including blood pressure/cardiovascular history)
- ☐ Current list of medications
- ☐ Patient's current pharmacy
- ☐ Detailed list of headache medications tried in the past (including durations)

MEDICATION OVERUSE HEADACHE:

Please enquire if patients have been overusing acute analgesics (ibuprofen, acetaminophen, aspirin, triptans, opioids, etc.). Advise them to wean off these medications (fewer than 15 days monthly for simple analgesics, and fewer than ten days monthly for triptans and opioids): they can be a temporary solution with long-term worsening of the headache. Patient information can be found here:
https://migrainecanada.org/posts/the-migraine-tree/branches/acute-treatments/medication-overuse-headache-happening/

HEADACHE DIARIES:

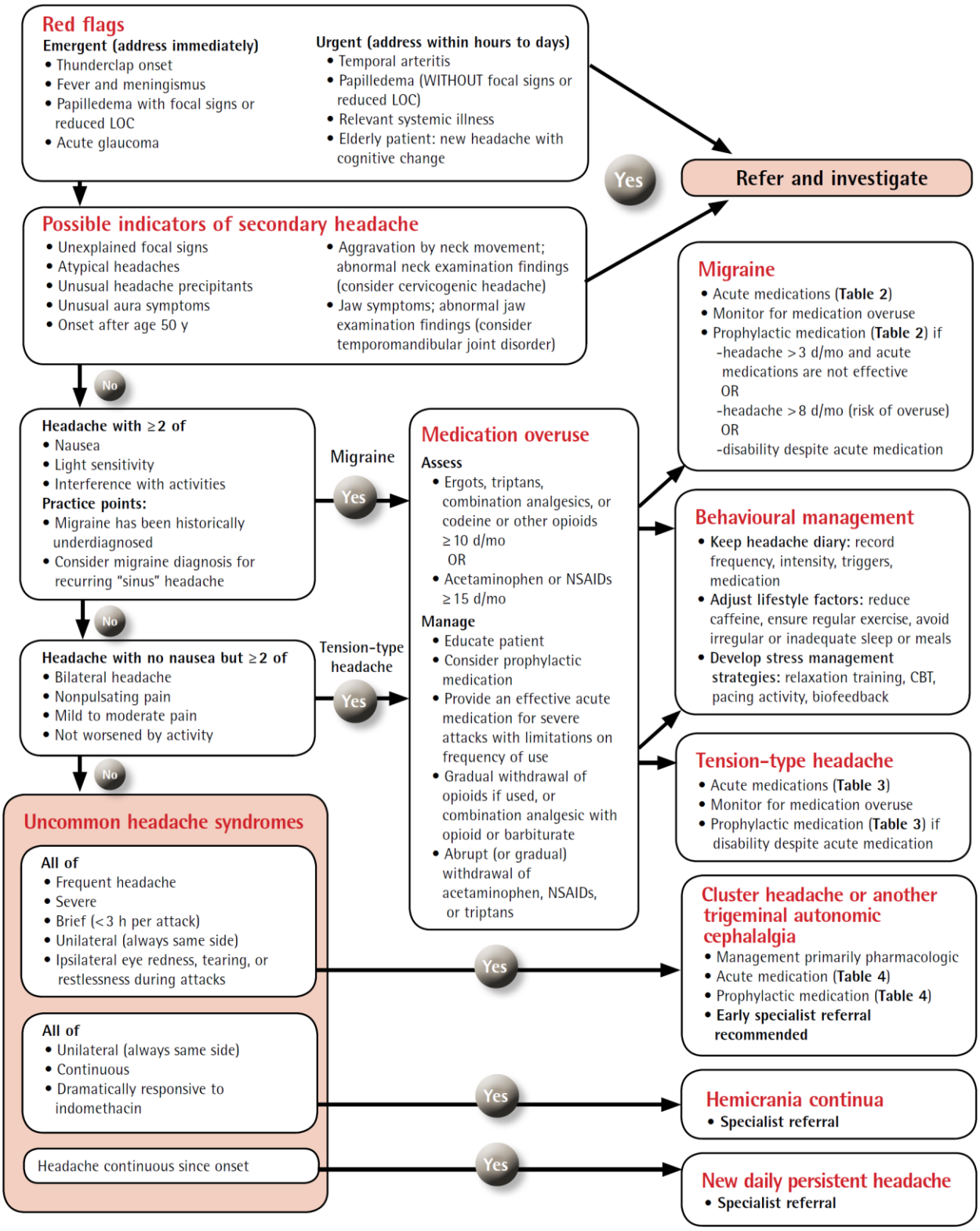
Please have your patient complete a headache diary of > 3 months' duration.
This will help to make an accurate diagnosis and guide management from our first visit.
Headache diaries can be found at: https://migrainecanada.org/diaries/

DOES THIS PATIENT NEED A SCAN? ***PLEASE CHECK ONE OF THE FOLLOWING***

If the patient is experiencing any of the following, please submit a request for an MRI of their head (or consider referral to the nearest emergency dept. as appropriate) prior to our visit:

- ☐ Systemic signs and symptoms (fever, weight loss, rash, HIV, malignancy)
- ☐ Neurologic signs and symptoms (e.g. visual changes, personality changes, ataxia)
- ☐ Onset: Crescendo, Thunderclap (peak <1 min) (go to emergency dept.)
- ☐ Change in established headache type, progressive worsening of headaches
- ☐ Headache precipitated by valsalva, cough or exertion
- ☐ Postural aggravation of headaches
- ☐ Pregnancy (go to emergency dept.)
- ☐ Older age of onset (>50 years old) - ORDER ESR / CRP for Giant Cell Arteritis AND MRI
- ☐ *No, the patient has none of these red flags or has already had a recent MRI*

Figure 1. Quick reference algorithm from the *Guideline for Primary Care Management of Headache in Adults*



CBT—cognitive behavioural therapy, LOC—level of consciousness, NSAID—nonsteroidal anti-inflammatory drug.
Adapted from Toward Optimized Practice.[10]

Table 2. Migraine medications: *A) Acute migraine medications. B) Prophylactic migraine medications.*

A)

TYPE	ACUTE MEDICATIONS
First line	Ibuprofen 400 mg, ASA 1000 mg, naproxen sodium 500-550 mg, acetaminophen 1000 mg
Second line	Triptans: oral sumatriptan 100 mg, rizatriptan 10 mg, almotriptan 12.5 mg, zolmitriptan 2.5 mg, eletriptan 40 mg, frovatriptan 2.5 mg, naratriptan 2.5 mg • Subcutaneous sumatriptan 6 mg if the patient is vomiting early in the attack. Consider for attacks resistant to oral triptans • Oral wafer: rizatriptan 10 mg or zolmitriptan 2.5 mg if fluid ingestion worsens nausea • Nasal spray: zolmitriptan 5 mg or sumatriptan 20 mg if patient is nauseated Antiemetics: domperidone 10 mg or metoclopramide 10 mg for nausea
Third line	Naproxen sodium 500-550 mg in combination with a triptan
Fourth line	Fixed-dose combination analgesics (with codeine if necessary; not recommended for routine use)

B)

PROPHYLACTIC MEDICATIONS	STARTING DOSE	TITRATION,* DAILY DOSE INCREASE	TARGET DOSE OR THERAPEUTIC RANGE†	NOTES
First line				
• propranolol	20 mg twice daily	40 mg/wk	40-120 mg twice daily	Avoid in asthma
• metoprolol	50 mg twice daily	50 mg/wk	50-100 mg twice daily	Avoid in asthma
• nadolol	40 mg/d	20 mg/wk	80-160 mg/d	Avoid in asthma
• amitriptyline	10 mg at bedtime	10 mg/wk	10-100 mg at bedtime	Consider if patient has depression, anxiety, insomnia, or tension-type headache
• nortriptyline	10 mg at bedtime	10 mg/wk	10-100 mg at bedtime	Consider if patient has depression, anxiety, insomnia, or tension-type headache
Second line				
• topiramate	25 mg/d	25 mg/wk	50 mg twice daily	Consider as a first-line option if the patient is overweight
• candesartan	8 mg/d	8 mg/wk	16 mg/d	Few side effects; limited experience in prophylaxis
• gabapentin	300 mg/d	300 mg every 3-7 d	1200-1800 mg/d divided into 3 doses	Few drug interactions
Other				
• divalproex	250 mg/d	250 mg/wk	750-1500 mg/d divided into 2 doses	Avoid in pregnancy or when pregnancy is possible
• pizotifen	0.5 mg/d	0.5 mg/wk	1-2 mg twice daily	Monitor for somnolence and weight gain
• onabotulinumtoxinA	155-195 units	No titration needed	155-195 units every 3 mo	For chronic migraine only (headache on ≥ 15 d/mo)
• flunarizine	5-10 mg at bedtime	No titration needed	10 mg at bedtime	Avoid in patients with depression
• venlafaxine	37.5 mg/d	37.5 mg/wk	150 mg/d	Consider for migraine in patients with depression
Over the counter				
• magnesium citrate	300 mg twice daily	No titration needed	300 mg twice daily	Effectiveness might be limited; few side effects
• riboflavin	400 mg/d	No titration needed	400 mg/d	Effectiveness might be limited; few side effects
• butterbur	75 mg twice daily	No titration needed	75 mg twice daily	Effectiveness might be limited; few side effects
• coenzyme Q10	100 mg 3 times daily	No titration needed	100 mg 3 times daily	Effectiveness might be limited; few side effects

ASA—acetylsalicylic acid.

*Dosage can be increased every 2 wk to avoid side effects. For most drugs, slowly increase to the target dose; a therapeutic trial requires several months. The expected outcome is reduction not elimination of attacks.

†If the target dose is not tolerated, try a lower dose. If the medication is effective and tolerated, continue it for at least 6 mo. If several preventive drugs fail, consider a specialist referral.

Adapted from Toward Optimized Practice.[10]

A NOTE FROM ALEX MELINYSHYN (NEUROLOGY, HEADACHE MEDICINE)

Dear Colleagues,

I want to thank you all for your referrals and for inviting me to take part in your patients' headache journeys.
It has been an unbelievable five years since I opened my headache neurology practice: many interesting stories, rewarding successes, and challenges too. The past few years have seen an explosion in the number of new medicines available to help people suffering with headache.

I wanted to reach out to you to let you know about changes to our clinic structure.

The London Spine Centre has recently closed, although our physicians remain in the same place under new management by Medpoint.

All referrals can now be directed to Medpoint Health Care Centre at fax: 519-473-2666.

I've attached an up-to-date referral form for my headache clinic.

You can also send referrals through Ocean; we have fixed the bugs with this process experienced previously.

DO I HAVE TO FILL OUT THE REFERRAL FORM!?

I know the form may appear to be tedious, however we receive a very high volume of referrals (often just *"?headache"*) with no background provided or initial management attempted. The checklist and form help us to determine who needs to be seen more promptly, who to redirect elsewhere, and also to provide some decision support to primary care in the interim (medication suggestions or imaging, etc.) while the patient is waiting for an appointment. As many of you will know, I usually try to write a letter back when possible with some empiric suggestions to try while the patient is waiting to be seen. The admin staff do not forward uncompleted referrals to me and will continue to send back the form until it is completed.

Access the Referral form at:

WHO WOULD BENEFIT FROM THIS CLINIC?

Migraine big and small, cluster headache, undifferentiated headache – I am happy to help with all of these.

The referral form contains a helpful red flag checklist to determine if an MRI is warranted.

I also help manage headaches related to car accidents or concussions for headache management in particular.

If you feel your patient requires additional neurologic evaluation for other symptoms, please consider a separate referral to another practitioner for these other issues.

As a solo practitioner in the community, I am limited in the resources I have to help assess and manage comprehensive care for all of the somatic and cognitive symptoms related to mTBI;
these are best managed with an interdisciplinary team (OT / PT, SLP, Psychology, etc.).

Parkwood ABI program is a great option for concussion / mTBI occurring within the past year:

Acquired Brain Injury Program, Parkwood Institute (St Joseph's Health Care London)
Tel.: 519-685-4064 / Fax: 519-685-4824

Please don't hesitate to reach out – I'm always around to field any questions.
Thanks again and I look forward to helping more of your patients better manage their headaches!

Best Regards,

Alexander N. Melinyshyn, MD, FRCPC (Neurology)