



Tel #: 905-315-7007 Fax #: 289-714-2516

REFERRAL FORM

		PF	REFERRED	LOCATION		
☐ BURLINGTON: 118 - 5045 Mainway, Bur ON L7L 5Z1			rlington,	OAKVILLE: 344 Kerr St, Oakville, ON L6K 3B8		
		P	ATIENT INF	ORMATION		
Surname: Fir		st Name:			HC #:	
DOB: Sex:		Address:	Address:			
Home Phone #:						
Cell Phone #:			E-mail Address:			
Preferred Method of Conta	ct: Phone T	ext E	E-mail			Consent Provided:
Interpreter Required? Yes No			On Disability? Yes No			
MVA Claim? Yes No				WSIB Claim? Yes No		
Extended Health Insurance	e? Private D	DND	VAC NIHB			
		PH	YSICIAN IN	IFORMATION		
Referring Physician:					E	Billing #:
Telephone #:			Fax #:			
Do you Belong to an FHT/F	HO? Yes N	No				
Family Physician (if Differe	nt from Abov	/e):				
Billing #: Telephone #:				Fax	 (#:	

MEDICAL HISTORY				
Surgical:				
Non-Surgical:	Diabetes Thyroid Disease Hypogonadism Headaches Seizures Stroke Sleep Apnea CAD Arrhythmia CHF PVD HTN Asthma COPD Liver Disease Kidney DiseaseGERD Gastritis PUD Arthritides Neuropathy Osteopenia OsteoporosisFibromyalgia Rheumatic Autoimmune Disease Depression Anxiety PTSD Psychosis Cancer Hepatitis B/C HIV AIDSSubstance Use Disorder Other:			

CURRENT TREATMENTS				
Is the Patient Using Opioids? Yes, Daily MED =mg No				
Suboxone? Yes, for Pain OUD, Daily Dose =mg No				
Methadone? Yes, for Pain OUD, Daily Dose =mg No				
Is the Patient Using Cannabinoids? Yes No				
Is the Patient Using Benzodiazepines? Yes No				
Other Sedatives? Yes No				
Is the Patient Receiving Treatment at Other Pain Clinics? Yes No				
Is the Patient Awaiting Surgery? Yes No				

REASON FOR REFERRAL (We do not Address Cancer-Related Pain)					
Duration of Pain: < 3 Months 3 - 6 Months > 6 Months					
Migraine Headaches	Piriformis Syndrome				
Post-Traumatic Headaches	Radiculopathy				
Trigeminal Neuralgia	Peripheral Neuropathy				
Tension-Type Headaches	Facet Joint Arthritis				
Cervicogenic Headaches	Spinal Stenosis/ Neurogenic Claudication				
Whiplash Injury	Post-Surgical Pain Syndrome				
Mechanical/Myofascial Neck Pain	Complex Regional Pain Syndrome				
Thoracic Myofascial Pain	Osteoarthritis				
Mechanical/Myofascial Low Back Pain	Bursitis				
SI Joint Dysfunction	Sprain/Strain				
Degenerative Disc Disease	Plantar Fasciitis				
Herniated Discs	Fibromyalgia				
Other:	Rotator Cuff Sprain/strain/tears				

PAIN SERVICES REQUESTED						
Is Patient on Antiplatelet or Anticoagulation Therapy? Yes No						
Procedural Referrals	Non-Procedural Referrals					
Trigger Point Injections	Pharmacological Treatments					
Bursa or Tendon Sheath Injections	Cannabinoid Treatment Physiotherapy Physical RehabilitationTENS					
Nerve Blocks Injections						
Caudal Epidurals						
Botulinum Toxin Injections	Shockwave TherapyLaser					
Ultrasound Guided Injections	Therapy Acupuncture					
Peripheral Joint Injections	Psychological Pain Management					
SI Joint Injections	Supportive counselling Psychotherapy Cognitive Behavioural Therapy					
Facet Joint Injections						
Viscosupplementation	Mindfulness Based Techniques					
PRP Injections						
Barbotage Procedure						

ADDICTION SERVICES REQUESTED	
Patients who are diagnosed with Opiate Use Disorder. This includes patients who are diagnosed with Opiate Use Disorder according to DSM 5 criteria. This includes both prescription opiates as we as non prescription opiates.	
Patients who have had a trial of other opiates for chronic pain and have developed unwanted side effects including Tolerance and/or Opiate Induced Hyperalgesia.	
Patients who have Contraindications for high dose opiates due to comorbid medical conditionand Suboxone could be a harm reduction strategy.	
☐ Chronic Patients Diagnosed with Alcohol Use Disorder.	
Patients who have been found to have other substances in their urine (i.e Cocaine of Methamphetamine) And cannot be continued on Opioid prescriptions due to contract violation.	
have attached all <u>relevant</u> investigations and specialist reports. have asked the patient to take all their medications (not just a list) to their consultation.	
Referring Physician Signature Date	

Our Physicians

- Dr. Sangita Sharma BSc, MD, FRCPC (EM) Medical Director
- Dr. Lydia Hatcher MD, CCFP, FCFP, CHE, D-CAPM
- Dr. Usha Parthasarathi MBBS, FRCPC
- Dr. Gina Agarwal MBBS, PhD, MRCGP, CCFP, FCFP, DFFP
- Dr. Sriharsha Athreya MS, FRCS, FRCR
- Dr. Ted Jackson BHSc (Hons), MD, CCFP (EM), GCPain
- Dr. Steve Hawrylyshyn MD, MSC, CCFP(EM)
- Dr. Vir Sennik MD, FRCSC-ORHTO
- Dr. Preeti Popuri MBBS MRCGP CCFP FCFP
- Dr. Noura Labib B.Sc, MD.CM, FRCPC, ARDMS

Our Nurses

Our Administration Staff

· Safa Kaffashian RPN

- Maybelle Watts MOA, BSN (international)
- Deborah Martin-Collins RN
- Ethyl Biongcog CPT-NPA, BSN (international)

Our Registered Massage Therapist

- · Linda Goebel RMT
- Juan Salcedo IMG, RMT, LAc, CLT