

# Ontario Pain Clinics

fax referrals to (833) 610-PAIN (7246)

## CHRONIC PAIN REFERRAL FORM

**We have Special Practice Exemptions. FHO physicians will not be negated in the RA**

We offer a range of interventional pain procedures, including image-guided ones (epidural nerve blocks, radio frequency ablation, and facet joint injections), all performed under fluoroscopy and image guidance to ensure precision and safety.

### Please check desired location

- |                                     |                                      |   |                                      |                                   |
|-------------------------------------|--------------------------------------|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Vaughan     | <input type="checkbox"/> Hamilton       | <input type="checkbox"/> Orangeville | <input type="checkbox"/> Kingston |
| <input type="checkbox"/> Guelph     | <input type="checkbox"/> Newmarket   | <input type="checkbox"/> St. Catharines | <input type="checkbox"/> Kitchener   | <input type="checkbox"/> Welland  |
| <input type="checkbox"/> North York | <input type="checkbox"/> Scarborough | <input type="checkbox"/> Tillsonburg    | <input type="checkbox"/> Windsor     |                                   |

Referring MD Name: \_\_\_\_\_ FHO Practice:  Yes  No

OHIP Billing Number: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician (if different from above): \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Health Card Number & Version Code: \_\_\_\_\_

Health Card Expiry: \_\_\_\_\_ WSIB Claim Number(if WSIB): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate/Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Please attach copies of imaging reports as well as relevant consultations, treatments and surgical notes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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