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TORONTO POLY CLINIC
Multidisciplinary Pain Management

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T (905) 482-8648 | F (905) 482-8647 - thornhill@tpclinic.com

Pain Management Consultation Referral Form

To help avoid delays, please fill out the complete form to ensure prompt attention. We will contact the patient directly.

Patient Info

*Health Card _____ VC _____ *DOB _____

*Name _____ *Cell _____ Alt.Tel. _____

*Address _____ *City _____ ON *PC _____

Does the patient have 3rd party coverage? If yes, please provide insurance provider _____

Is this patient a New Patient ☐ Re-referral ☐

Physician Info

*CPSO# _____ *Billing# _____ Specialty: -- Please Select --

*Dr. _____ *Tel. _____ *Fax _____

*Address _____ *City _____ ON *PC _____

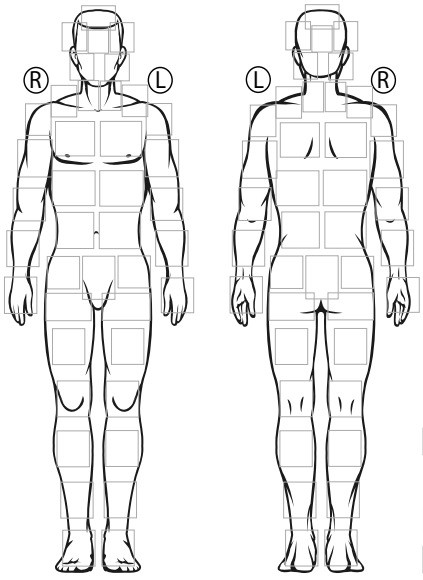
Are you the patient's Family Physician or Most Responsible Physician (MRP)? Yes ☐ No ☐

Do you belong to a: FHO ☐ FHT ☐ FHG ☐ CCM ☐ OTHER: _____

Reason for Referral

History of Drug/Alcohol abuse or addiction? Yes ☐ No ☐

Check Areas of Pain Treatment



Please Check Applicable Items

- ☐ Neck Pain
- ☐ Back Pain
- ☐ CRPS/RSD
- ☐ MVA-related
- ☐ Persistent Post - Surgical Pain
- ☐ Fibromyalgia
- ☐ Headache
- ☐ Neuropathic Pain
- ☐ Radiculopathy

Other _____

SPECIFIC INTERVENTION

- ☐ Platelet Rich Plasma
- ☐ Acupunture
- ☐ Chiropractic

Other _____

Referred for (Check One)

- ☐ Pain Management
- ☐ Post MVA Rehabilitation
- ☐ Independent Assessment
- ☐ Medical Marijuana Program
- ☐ Treatment u/ Floroscopy
- ☐ W.S.I.B
- ☐ General Referral

1. Pain History: _____

2. Physical Examination Findings: _____

3. Investigations and Consultations: _____

4. Previous Pain Related Procedures: _____

Please provide us will all pertinent medical records including MRI, CT, X-RAY, NCS/EMG, Bone Scan or Lab (CBC, INR, PTT, CR) reports, relevant consultations or prior treatment.

WE CAN PROVIDE EARLY APPOINTMENTS TO YOUR CLIENTS

TPC will not assume sole responsibility for prescriptions

As the most responsible physician, by signing the below, I agree to continue the patient's prescription and primary care once the patient is stable and under the care by TPC.

_____ Physician Signature

_____ Date