

PATIENT REFERRAL INFORMATION

☐ **Urgent**
☐ **Elective**
☐ **Next Available**
☐ **Previous Patient**

Last Name

First Name

Date of Birth

Contact Phone

OHIP Number

Referring Physician

Phone

Fax

Reason for Referral

☐ **Neck Pain**
☐ **Cranial**
☐ **Leg Pain**
☐ **EMG/NCS**
☐ **Arm Pain**
☐ **MRI Done**
☐ **Back Pain**

COMPREHENSIVE CONSULT / THERAPY REQUEST
☐ **Comprehensive Multidisciplinary Referral**

- ✓ **Rehabilitation Program Assessment:**
Leg/Arm Pain, Back/Neck Pain, Spinal Stenosis
- ✓ **Pain Management:**
Physiatry, Neurology, EMG/NCS, Interventional Pain Procedures
- ✓ **Surgical Assessment:**
Neurosurgery - Spine Surgery

**Patient Care is escalated from Rehab to Surgical Assessment as needed*

SPECIFIC REQUEST
☐ **Rehabilitation**

- ☐ Individual Assessment for Specific Rehab Program
☐ Physiotherapy
☐ Chiropractic
☐ Massage
☐ Acupuncture
☐ Naturopath

☐ **Pain Management**

- ☐ Physiatry
 ☐ Interventional Pain Procedures
☐ Neurology
☐ Pain Medicine
☐ EMG/NCS
 - Epidural Steroid
 - Nerve/Facet Block
 - RF Ablation
 - Platelet Rich Plasma

☐ **Surgical Assessment**

- ☐ Neurosurgery
☐ MRI Completed
 - Cervical Myelopathy
 - Cervical Radiculopathy
 - Lumbar Disc Disease
 - Spinal Stenosis
 - Spinal Tumor
 - Other

SPINE SPECIALIZED REHABILITATION PROGRAMS

- Back Dominant Pain Program- Discogenic
- Back Dominant Pain Program - Facetogenic Neck Pain Program
- Leg Dominant Pain Program (Sciatica)
- Arm Dominant Pain Program (Radiculopathy)
- Spinal Stenosis Program (Neurogenic Claudication)

- Pre-op Rehabilitation Program (PreHab)
- Post-op Rehabilitation Program
- Chronic Pain Program
- Failed Back Surgery Program