Toronto Interventional Pain Clinic

www.torontointerventionalpainclinic.ca

CHRONIC PAIN MANAGEMENT REFERRAL FORM

1600 Steeles Ave. W. Unit 19 and
20 Concord ON L4K 4M2
Tel: (905) 738-9990
Fax: (905) 760-9192

Patient Name :	Phone number:
Date of birth (DD/MM/ YY):	OHIP card number:
Patient address:	
Referring physician billing Number:	Signature:
Address:	Phone number: Fax number:
Reason for Consultation:	
PMH, **Allergies (contrast?), last A1C**, **anticoagulation/ antiplatelet status**:	
Previous Investigations (x-ray, CT, MRI, U/S, DEXA, EMG, Bone scan, ETC – imaging does not preclude patient from procedures):	

PLEASE INDICATE FLUOROSCOPY PAIN TREATMENT REQUESTED

☐ **LOWER BACK PAIN (SPONDYLOSIS)**	☐ **SACROILIAC JOINT INJECTION**
☐ **LUMBAR RADICULOPATHY (SCIATICA)**	☐ **PELVIC PAIN**
☐ **EPIDURAL STEROID INJECTION (CIRCLE: THORACIC, LUMBAR)**	☐ **DIABETIC PERIPHERAL NEUROPATHY**
☐ **FACET JOINT INJECTION/MEDIAL BRANCH BLOCK**	☐ **INTERVERTEBRAL DISC DISEASE**
☐ **TRANSFORAMINAL EPIDURAL INJECTION**	☐ **SELECTIVE NERVE ROOT INJECTION @ ____ (INDICATE LEVEL)**

NOTE: RADIOFREQUENCY ABLATION, NEUROTOMY, ULTRASOUND, CERVICAL PROCEDURES, ISOLATED JOINT INJECTIONS ARE UNAVAILABLE AT THIS CLINIC

NOTE: PATIENT WILL NEED A DRIVER DAY, ANTICOAGULATION/ANTIPLATELET MUST BE HELD FOR NEURAXIAL PROCEDURES, REFER TO ASRA COAGULATION GUIDELINES APP FOR MORE DETAILS OR OBTAIN CLEARANCE FROM PRESCRIBER. PATIENT MAY EAT DAY OF PROCEDURE.

IF INDICATED AND PATIENT MEETS CRITERIA, INJECTIONS ARE DONE SAME DAY.

Please include all relevant imaging, investigations, latest HPI.