UNIVERSAL Interventional Pain Clinic

REFERRAL FORM

Phone 416-256-0600 Fax 416-256-0602
2888 Bathurst St, 1st Floor, Toronto (North York), ON M6B 4H6

Wait times: 7-21 days for complete referrals
FHO / FHT physicians will not be negated. Fax completed form to 416-256-0602 or send through your EMR.

PATIENT INFORMATION

Last name | First name | Date of birth (dd/mm/yyyy)

Health card number | Version | Sex | Preferred language

Address | City | Postal code

Home / mobile phone | Alternate phone | Email

REFERRING PHYSICIAN

Physician name | CPSO / billing number | Date of referral

Clinic name | Phone | Fax

Clinic address | Email

Family Health Team / FHO / FHT (if applicable)

REASON FOR REFERRAL

Pain location, duration, working diagnosis and previous treatments

RELEVANT HISTORY

Current pain medications (name, dose)

Allergies | Anticoagulants / blood thinners

Relevant imaging (MRI / CT / X-ray) and dates | Nerve conduction / EMG

Other medical conditions

ENCLOSED WITH THIS REFERRAL

☐ Consult notes ☐ Imaging reports ☐ Medication list ☐ Lab results ☐ EMG / NCS

SIGNATURE

Referring physician signature | Date