



REFERRAL REQUEST FORM

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****Please note that all of our physicians are specialists or have chronic pain designation with the Ministry of Health and will not affect your access bonus****

IMPORTANT DETAILS	Referring Physician:
Patient Name:	Physician Fax #:
Date of Birth:	Physician Phone #:
Patient Phone #:	Physician Billing #:
Patient OHIP #:	Physician Address:

Purpose of this referral (please circle): **INTERVENTIONAL PAIN MANAGEMENT** or **SPORTS MEDICINE** or **ALLERGY TESTING**
 Case type (please circle, if applicable): **WSIB** or **MVA** → is this case currently under litigation? **YES** or **NO**

Reason for Referral:

- Spine Pain (Cervical Thoracic Lumbar)
- Headaches
- Trauma/Sports Injury
- Joint, Bursa, or Tendon pain
- Temporomandibular Joint Disorder (TMJ)
- Carpal Tunnel Syndrome
- Trigeminal Neuralgia
- Post Herpetic Neuralgia
- Diabetic Peripheral Neuropathy
- Fibromyalgia
- Other (Please Specify): _____
- Platelet Rich Plasma (PRP)
- Viscous Injections (Hyaluronic Acid)
- Botox
- Radiofrequency Ablation (RFA)
- Lidocaine Infusion
- Allergy (Food, Environmental, Contact, Injectable Medication)

Symptoms: _____

PATIENTS OVER THE AGE OF 50 MUST INCLUDE THEIR LATEST BMD REPORT (IF UNAVAILABLE, BMD SCAN CAN BE DONE WITHIN OUR FACILITY), PLEASE FILL OUT THE REQUISITION ATTACHED

***Referral Requirements:**

CONDITION	IMAGING	BLOOD WORK	ALTERNATIVE
Headaches	CT or MRI		Neurology consult report
Cervical, thoracic, or lumbar spine without radicular symptoms	X-Ray or none		
Cervical, thoracic, or lumbar spine with radicular symptoms	MRI or CT		
Shoulder or Elbow pain	MRI or Ultrasound (US CAN BE DONE WITHIN OUR FACILITY)		
Hip, knee, hand, wrist, foot, or ankle pain	X-Ray and ultrasound (US CAN BE DONE WITHIN OUR FACILITY)		
Abdomen or pelvis pain	CT or Ultrasound (US CAN BE DONE WITHIN OUR FACILITY)		GI/Gynecology consult report
Generalized pain		Required	Rheumatology consult report
Young patients (<50 yr)		Required	Rheumatology consult report

**** PLEASE NOTE, YOUR REFERRAL WILL BE RETURNED IF THE ABOVE REQUIREMENTS ARE NOT MET**

****PLEASE NOTE THAT THE WILDERMAN MEDICAL CLINIC DOES NOT PRESCRIBE OPIOIDS**