WILDERMAN medical clinic

REFERRAL REQUEST FORM

8054 Yonge Street, Thornhill, Ontario, L4J 1W3 Phone: 905-886-1212 Fax: 905-886-0248 Website: www.drwilderman.com

****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**
Is the patient on: 1) Anticoagulants? **YES** or **NO**
2) Opioids? **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
☐ Ketamine Infusion
☐ WSIB Acute Low Back Program (within 6 weeks of injury)
☐ Exercise Program/TENS Education (Kinesiology)
☐ 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		
Hip, knee, hand, wrist, foot, or ankle pain	X-Ray and ultrasound		
Abdomen or pelvis pain	CT or Ultrasound		GI/Gynecology/Urology 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**