Afiya SPINE & PAIN INSTITUTE

REFERRAL FORM

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Fax: 416-641-4520

Hamilton
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Hamilton, ON | L8L 4S1
Tel: 905 491 7597
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We specialize in image guided interventional pain management strategies, while offering multidisciplinary pain management services.

Patient Information

Name: ______________________ OHIP: ______________________

Date of Birth: ______________________ Phone: ______________________

Address: ______________________ Email: ______________________

Provider Information

Referring Provider: ______________________ Billing Number: ______________________

Fax/Email: ______________________ Phone: ______________________

Primary Care Provider: ______________________

Reason For Referral

WSIB MVA

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Type of Assessment

Urgent Assessment: ______________________

Specific Pain Physician: ______________________

Comprehensive Pain Consult

Interventional Pain Referral

Sports Medicine Consultation

Specific Procedure / Intervention: ______________________

Pain Pyschiatry and Psychology

Medication Management

Please include all pertinent imaging within the last 2 years.

Baseline ECG is required for patients being referred for infusion therapy.

www.AfiyaPainClinic.ca