



Rivlin Medical Group

601-89 Queensway West
Mississauga, ON L5B 2V2
T: (905) 281-9898
F: (905) 281-9143

Chronic Pain Clinic

BOTOX for Chronic Migraine Consultation Request

Patient Name:	Date of Birth:	HCN#:
Address:		Telephone:

For a patient to be considered a good candidate for BOTOX injections:

- secondary causes should be ruled out;**
- the patient should be diagnosed with chronic migraine** (>15 headache days/month with >8 being migrainous in nature);
- the patient wishes to have interventional alternative therapy to headache treatment**

Please include:

- ❖ **patient medical history and clinical consult notes**
- ❖ **confirmation of private health coverage, or willingness to cover cost of Botox treatment if appropriate**

Referring Physician: Address: Phone: Fax: Back Line: MOH Physician # <i>*** (Referrals not containing MOH billing number of the referring physician will be returned)</i>	Family Physician (<i>If different than referring source</i>) FD: Address: Phone: Fax:
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Please fax completed form to: (905) 281-9143