

RIVLIN MEDICAL GROUP

PAIN MANAGEMENT CLINIC

New Patient Re-referral

Patient Information:

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

Referring Physician Name: Phone: Fax: MOH Physician # Please check the applicable practice model: <input type="checkbox"/> FHT <input type="checkbox"/> FHG <input type="checkbox"/> FHN <input type="checkbox"/> FHO Other: _____	Area of Pain <input type="checkbox"/> cervical spine <input type="checkbox"/> lumbar spine <input type="checkbox"/> thoracic spine <input type="checkbox"/> shoulder pain <input type="checkbox"/> leg pain <input type="checkbox"/> headaches <input type="checkbox"/> other: _____ Diagnoses and Syndromes _____ _____ _____
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Any known history of alcohol or drug abuse/addiction? YES NO

We recognize that safely managing patients with opiates is challenging in a community office setting. We endeavor to make concise recommendations regarding use of opioids contracts, screening tools and pill counting. However, if you prefer that we defer or avoid the use of opioids, please check this box:

LOCATION

89 Queensway West, Suite 601
(Across from Trillium Health Partners Hospital)
Mississauga, ON L5B 2V2
T: 905.281.9898

Please fax completed form to:

(905) 281-9143