



RIVLIN MEDICAL GROUP

PAIN MANAGEMENT CLINIC

Patient Information:

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

Referring Physician Name: MOH Physician # Family Physician <i>(If different than referring source)</i> Name: Phone: Fax: 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: _____ Please attach Imaging Report (This is Required to process the referral) Diagnoses and Syndromes _____ _____ _____ _____
--	--

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: ☐

Any known history of alcohol or drug abuse/addiction? ☐ YES. ☐ NO

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