

Select Clinic Location:

- Oakville (Trafalgar/QEW)
- Mississauga (Huronario/Hwy 403)
- Markham
- Brampton (Bramalea/Hwy 10)
- Etobicoke (Martingrove/Hwy 401)
- Richmond Hill
- Scarborough (Neilson/Sheppard)
- Etobicoke (Finch/Hwy 400)
- Cambridge (Hespeler Road/Hwy 401)

PATIENT INFORMATION

Last Name _____
 First Name _____
 Birth Date (Y/M/D) _____ Gender _____
 OHIP _____ Ver. Code _____
 Email _____ Tel _____
 Address _____

PHYSICIAN INFORMATION

Physician Signature _____
 Physician Name _____
 Physician Billing # _____
 Tel _____
 Fax _____
 Address _____

REASON FOR CONSULTATION

Chronic Pain Syndrome

- Arthritis
- Inflammatory Polyarthropathy
- Post Operative/Traumatic
- Fibromyalgia
- Neuropathic _____
- Malignancy _____
- Other _____

Mental Health

- Anxiety/Depression
- PTSD
- Eating Disorder
- ADHD
- Other _____

Neurologic

- Cognitive Impairment
- Seizure Disorder
- Migraines/Headaches
- Multiple Sclerosis
- Parkinson's Disease
- Other _____

Gastrointestinal

- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Other _____

Other

- Insomnia
- Sleep Disordered Breathing
- Appetite Stimulation
- HIV/AIDS
- Recreational User Consultation for Harm Prevention

Current Medications

Currently taking Anticoagulants

Yes No

Pregnancy or Family Planning

Yes No

History of Substance Abuse/Addiction

Yes No

History of Psychotic Illness

Yes No

Patient Status

Rostered Non-Rostered

RELEVANT MEDICAL HISTORY

Please include all relevant test results and consultation notes.
