

Select Clinic Location:

- | | | |
|--|---|--|
| <input type="radio"/> Oakville, ON (Trafalgar/QEW) | <input type="radio"/> Etobicoke, ON (Martingrove/401) | <input type="radio"/> Newfoundland & Labrador (Telemedicine) |
| <input type="radio"/> Brampton, ON (Bramalea/Bovaird) | <input type="radio"/> British Columbia (TBD) | <input type="radio"/> Saskatchewan (Telemedicine) |
| <input type="radio"/> Scarborough, ON (Neilson/Sheppard) | <input type="radio"/> Manitoba (Telemedicine) | <input type="radio"/> Nova Scotia (Telemedicine) |
| <input type="radio"/> Mississauga, ON (Huronario/403) | <input type="radio"/> NWT (Telemedicine) | <input type="radio"/> New Brunswick (Telemedicine) |

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 | <input type="radio"/> Yes <input type="radio"/> No |
| Pregnancy or Family Planning | <input type="radio"/> Yes <input type="radio"/> No |
| History of Substance Abuse/Addiction | <input type="radio"/> Yes <input type="radio"/> No |
| History of Psychotic Illness | <input type="radio"/> Yes <input type="radio"/> No |

RELEVANT MEDICAL HISTORY-- Please include Cumulative Patient Profile (CPP), all relevant test results and consultation notes.
