



**EMERGENCY DEPARTMENT
CHRONIC PAIN REFERRAL FORM**

601-89 Queensway Ave. W., Mississauga, ON L5B 2V2
Tel: (905) 281-9898

Adult Chronic Pain Specialist Referral

Place Patient Label Here

Patient Demographics: *(Please print clearly if patient label is not attached)*

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

Referring Source information: *(Medical Doctor only)*

Referring Physician: MOH PHYSICIAN # Referral Site: <input type="checkbox"/> M-Site <input type="checkbox"/> UCC <input type="checkbox"/> CVH <input type="checkbox"/> Other	Family Physician FD Name: Phone: Fax:
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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	Current medication used: Medication prescribed in the ER:
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89 Queensway West, Suite 601
 (Across from the Trillium Health Centre)
 Mississauga, ON
 T: 905.281.9898
 F: 905.281.9143

Hours:
 Monday to Friday: 9:00 am to 4:00pm

