



Avella Injury and Pain Management Center

5045 Mainway, Unit 118 Burlington, ON L7L 5Z1

Telephone #: 905-315-7007

Fax #: 289-714-2516

Website: www.avellapainclinic.com

Please complete and fax in this form

REFERRAL FORM

PATIENT INFORMATION			
Surname:		First Name:	HC #:
DOB:	Sex:	Address:	
Home Phone #:			
Cell Phone #:		E-mail Address:	
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> E-mail			Consent Provided:
Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		On Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MVA Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		WSIB Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Extended Health Insurance? <input type="checkbox"/> Private <input type="checkbox"/> DND <input type="checkbox"/> VAC <input type="checkbox"/> NIHB			

CLINIC LOCATION		
<input type="checkbox"/> Burlington (Main Branch) 5045 Mainway, Unit 118 Burlington, ON L7L 5Z1	<input type="checkbox"/> Oakville 338 Kerr Street Oakville, ON L6K 3B5	<input type="checkbox"/> Milton 387 Main St E Milton, ON L9T 1P7

PHYSICIAN INFORMATION		
Referring Physician:		Billing #:
Telephone #:	Fax #:	
Does your patient belong to: <input type="checkbox"/> FHN <input type="checkbox"/> FHO <input type="checkbox"/> FHG <input type="checkbox"/> CCM <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
Family Physician (if Different from Above):		
Billing #:	Telephone #:	Fax #:

CURRENT TREATMENTS
Is the Patient Using Opioids? Yes, Daily MED = _____ mg No
Suboxone? Yes, for Pain OUD, Daily Dose = _____ mg No
Methadone? Yes, for Pain OUD, Daily Dose = _____ mg No
Is the Patient Using Cannabinoids? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is the Patient Using Benzodiazepines? ☐ Yes ☐ No

Other Sedatives? ☐ Yes ☐ No

Is the Patient Receiving Treatment at Other Pain Clinics? ☐ Yes ☐ No

Is the Patient Awaiting Surgery? ☐ Yes ☐ No

CURRENT MEDICATIONS

REASON FOR REFERRAL (We do not Address Cancer-Related Pain)

Duration of Pain: ☐ < 3 Months ☐ 3 - 6 Months ☐ > 6 Months

☐ Migraine Headaches

☐ Radiculopathy

☐ Post-Traumatic Headaches

☐ Peripheral Neuropathy

☐ Trigeminal Neuralgia

☐ Facet Joint Arthritis

☐ Tension-Type Headaches

☐ Spinal Stenosis/ Neurogenic Claudication

☐ Cervicogenic Headaches

☐ Post-Surgical Pain Syndrome

☐ Whiplash Injury

☐ Complex Regional Pain Syndrome

☐ Mechanical/Myofascial Neck Pain

☐ Osteoarthritis

☐ Thoracic Myofascial Pain

☐ Bursitis

☐ Mechanical/Myofascial Low Back Pain

☐ Sprain/Strain

☐ SI Joint Dysfunction

☐ Plantar Fasciitis

☐ Degenerative Disc Disease

☐ Fibromyalgia

☐ Herniated Discs

☐ Rotator Cuff Sprain/strain/tears

☐ Piriformis Syndrome

Other Reasons for Referral

PAIN SERVICES REQUESTED

Is the Patient on Antiplatelet or Anticoagulation Therapy? ☐ Yes ☐ No

- | | |
|--|--|
| <input type="checkbox"/> Trigger Point Injections | <u>Ultrasound Guided Injections</u> |
| <input type="checkbox"/> Bursa or Tendon Sheath Injections | <input type="checkbox"/> Peripheral Joint Injections |
| <input type="checkbox"/> Nerve Blocks Injections | <input type="checkbox"/> SI Joint Injections |
| <input type="checkbox"/> Caudal Epidurals | <input type="checkbox"/> Facet Joint Injections |
| <input type="checkbox"/> Botulinum Toxin Injections | <input type="checkbox"/> Viscosupplementation |
| | <input type="checkbox"/> PRP Injections |
| <input type="checkbox"/> Pharmacological Management | <input type="checkbox"/> Barbotage Procedure |
| <input type="checkbox"/> Medical Cannabinoid Management | <input type="checkbox"/> Nerve Blocks |
|
<input type="checkbox"/> Ketamine Infusions | |

ADDICTION SERVICES REQUESTED

- ☐ Patients who are diagnosed with Opiate Use Disorder. This includes patients who are diagnosed with Opiate Use Disorder according to DSM 5 criteria. This includes both prescription opiates as well as non prescription opiates.
- ☐ Patients who have had a trial of other opiates for chronic pain and have developed unwanted side effects including Tolerance and/or Opiate Induced Hyperalgesia.
- ☐ Patients who have Contraindications for high dose opiates due to comorbid medical conditions and Suboxone could be a harm reduction strategy.
- ☐ Chronic Pain Patients Diagnosed with Alcohol Use Disorder.
- ☐ Patients who have been found to have other substances in their urine (i.e Cocaine or Methamphetamine) And cannot be continued on Opioid prescriptions due to contract violation.

Note:

*** Please submit the Cumulative Patient Profile (CPP) along with the Diagnostic Reports/Results ****

*** Please asked the patient to bring all their medications (not just a list) to their initial consultation ****

Referring Physician Signature

Date