SILVER MEDICAL GROUP
CENTRE FOR PAIN CARE

4646 Dufferin Street, Unit 9 • Toronto, ON M3H 5S4
Tel: 416.512.6407 • Fax: 416.512.6375
1.800.807.0078 Email: referral@silverpaincare.com

Physician Referral Form

Instructions

Only complete referrals will be accepted. Please complete this form or attach pertinent documents outlining medical history along with reports of investigations and current medications and dosage. Incomplete referrals will be rejected.

Requests for medicolegal purposes will not be accepted. Such referrals should be sent for an independent medical opinion with the explicit understanding that the referral is for medicolegal purposes.

All MVA-related referrals will be accepted only via law firms or assessment centres.

Referring MD:_____ Billing#:_____

Address:_____

Phone:_____

Fax:_____ Email:_____

If different from above, please complete:

Family MD:_____ Billing#:_____

Address:_____

Phone:_____

Fax:_____ Email:_____

Patient Name:

HCN:_____ D.O.B._____ M O FO

Address:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Referred to (Name of Physician): _____

1. Reason for Referral: Consultation ☐ Procedure ☐ Transfer of Care ☐ Other Reason:_____

_____

2. Urgency: Urgent ☐ Routine ☐

3. Is your patient problem related to: MVA ☐ Disability Claim ☐ Work Injury ☐ Assault ☐

4. Question to Consultant: _____

_____

5. Medical history: _____

_____

6. History of Mental Disorder ☐ Substance Abuse ☐ Violent Behaviour ☐ Please specify:

_____

7. List of current medications, dosage and treatments:

_____

_____

_____

8. List of previous investigations and consultations into pain problem (relevant reports **must** be included):

_____

_____

_____

[**for Family Physicians**] I will resume care of my patient after discharge from the Silver Medical Group Centre for Pain Care or will co-manage his/her chronic pain.

I acknowledge that I have relayed the reason and goals of this referral to my patient.

Signature_____Date_____

Please print name_____

Please complete the above information and fax along with the referral letter and relevant reports to (416) 512-6375