AVELLA
INJURY & PAIN

www.avellapainclinic.com

5045 Mainway, Unit 118
Burlington, ON L7L 5Z1

Tel # : 905-315-7007
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REFERRAL FORM

PREFERRED LOCATION

☐ **BURLINGTON**: 118 - 5045 Mainway, Burlington, ON L7L 5Z1

PATIENT INFORMATION

Surname:	First Name:	HC #:
DOB:	Sex:	Address:
Home Phone #:		
Cell Phone #:		E-mail Address:
Preferred Method of Contact: Phone Text E-mail		Consent Provided:
Interpreter Required? Yes No	On Disability? Yes No	
MVA Claim? Yes No	WSIB Claim? Yes No	
Extended Health Insurance? Private DND VAC NIHB		

PHYSICIAN INFORMATION

Referring Physician:		Billing #:
Telephone #:	Fax #:	
Do you Belong to an FHT/FHO? Yes No		
Family Physician (if Different from Above):		
Billing #:	Telephone #:	Fax #:

MEDICAL HISTORY	
Surgical:	
Non-Surgical:	Diabetes Thyroid Disease Hypogonadism Headaches Seizures Stroke Sleep Apnea CAD Arrhythmia CHF PVD HTN Asthma COPD Liver Disease Kidney Disease GERD Gastritis PUD Arthritides Neuropathy Osteopenia Osteoporosis Fibromyalgia Rheumatic Autoimmune Disease Depression Anxiety PTSD Psychosis Cancer Hepatitis B/C HIV AIDS Substance Use Disorder Other:

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? Yes 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

REASON FOR REFERRAL (We do not Address Cancer-Related Pain)	
Duration of Pain: < 3 Months 3 - 6 Months > 6 Months	
Migraine Headaches	Piriformis Syndrome
Post-Traumatic Headaches	Radiculopathy
Trigeminal Neuralgia	Peripheral Neuropathy
Tension-Type Headaches	Facet Joint Arthritis
Cervicogenic Headaches	Spinal Stenosis/ Neurogenic Claudication
Whiplash Injury	Post-Surgical Pain Syndrome
Mechanical/Myofascial Neck Pain	Complex Regional Pain Syndrome
Thoracic Myofascial Pain	Osteoarthritis
Mechanical/Myofascial Low Back Pain	Bursitis
SI Joint Dysfunction	Sprain/Strain
Degenerative Disc Disease	Plantar Fasciitis
Herniated Discs	Fibromyalgia
Other:	Rotator Cuff Sprain/strain/tears

PAIN SERVICES REQUESTED
Is Patient on Antiplatelet or Anticoagulation Therapy? Yes No

Procedural Referrals	Non-Procedural Referrals
Trigger Point Injections	Pharmacological Treatments
Bursa or Tendon Sheath Injections	Cannabinoid Treatment
Nerve Blocks Injections	Physiotherapy
Caudal Epidurals	Physical Rehabilitation TENS
Botulinum Toxin Injections	Shockwave Therapy Laser Therapy Acupuncture
Ultrasound Guided Injections	Psychological Pain Management
Peripheral Joint Injections	Supportive counselling Psychotherapy
SI Joint Injections	Cognitive Behavioural Therapy
Facet Joint Injections	Mindfulness Based Techniques
Viscosupplementation	
PRP Injections	
Barbotage Procedure	

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 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.

I have attached all relevant investigations and specialist reports.
I have asked the patient to take all their medications (not just a list) to their consultation.

________________________________   _____________________

Referring Physician Signature   **Date**