

THE **KITCHENER**

CHRONIC PAIN AND MIGRAINE CLINIC

Please Indicate if your clinic is affiliated with FHO FHT FFS

Date: _____

PATIENT INFORMATION

Patient name: _____ Date of birth: _____

Address: _____

Home No: _____ Cell No: _____

OHIP No: _____

REFERRING PHYSICIAN

Dr: _____ Billing # _____

Tel No: _____ Fax No: _____

REASON FOR REFERRAL

- Chronic Neck Pain
- Chronic Lower Back Pain
- Chronic Migraines
- Whiplash Injuries
- Other:
- Arthritis of the Neck and Lower Back
- Cervical and Lumbar Radiculopathy
- Chronic Conditions Related to Arms and Legs
- Fibromyalgia

INTERVENTIONAL PAIN SPECIALISTS:

- Dr. Munir Muhsin MD
- Dr. Mohammed Yaseen MD
- First Available Physician

**PLEASE FAX REFERRALS TO 226-646-0283. PLEASE BE SURE TO INCLUDE ALL RELEVANT/RECENT IMAGING REPORTS.
IMAGING CD/PICTURES ARE PREFERRED BUT NOT REQUIRED
PLEASE NOTE IN ORDER TO BOOK PATIENT IN A TIMELY MANNER - ADDITIONAL INFORMATION MAY BE REQUIRED.
WE WILL CONTACT THE PATIENT DIRECTLY TO BOOK AN APPOINTMENT.**

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TEL: (226) 646-0282 | FAX: 226-646-0283
thechronicpainandmigraineclinic.com