

THE **OSHAWA**

**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
- Epidural
- Other:
- Arthritis of the Neck and Lower Back
- Cervical and Lumbar Radiculopathy
- Chronic Conditions Related to Arms and Legs
- Fibromyalgia

**INTERVENTIONAL PAIN SPECIALIST**

- Dr. Khal Efala MD, FRCSC
- Dr. Ken Fern MD, FRCSC
- Dr. Pervez Ali MD, FRCSC
- Dr. Gilbert Yee MD, FRCSC
- Dr. Fadi Hannouche MD, FRCP
- Dr. Lou Fraser MD
- Dr. Osama Gharsaa MBBCH, FRCSC
- Dr. Ravdeep Kukreja MD, CFPC
- Dr. Hamilton Jeyeraj MD, CCFP
- First Available Physician

**PLEASE FAX REFERRALS TO 416-364-1166. 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.**