



**Interventional Image Guided Pain Clinic
Rapid Access Orthopaedic + Spine Centre**

200-18 Kensington Road, Brampton, ON L6T 4S5
101-25 Charlton Avenue East, Hamilton, ON L8N 1Y2
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Date of referral: _____

PLEASE NOTE ALL OUR PHYSICIANS HAVE FHO EXEMPTION:

Are you a member of FHO / FHT / FHN? ☐ Yes ☐ No

Location: ☐ Brampton ☐ Hamilton

Referring physician information:

Physician: _____ Billing Number: _____

Office Phone: _____ Office Fax: _____

Office Address: _____

Patient information:

Patient Name: _____ DOB: _____

Address: _____

Health Card Number: _____ Email: _____

Phone: _____ Alternate Phone: _____

Reason for referral:

☐ **Pain Consultation:**

- | | | |
|---|--|---|
| <input type="checkbox"/> Lower back pain/Sciatica | <input type="checkbox"/> Neck pain with upper extremity pain | <input type="checkbox"/> Neck pain without upper extremity pain |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Headache/Migraine | <input type="checkbox"/> Shoulder/Knee/Hip joint pain |
| <input type="checkbox"/> Opioid management | | |
| <input type="checkbox"/> Other: _____ | | |

☐ **Orthopaedic Consultation:**

- | | | | |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Upper extremity | <input type="checkbox"/> Lower extremity | <input type="checkbox"/> Back pain | <input type="checkbox"/> Neck pain |
| <input type="checkbox"/> Joint replacement | | | |
| <input type="checkbox"/> Other: _____ | | | |

PLEASE FAX REFERRAL AND ALL RELEVANT IMAGING TO 289-800-9399