AXON
Interventional Spine and Pain Centre

AXON INTERVENTIONAL PAIN AND SPINE CENTER

577 Ontario Street, St. Catharines, Ontario, L2N 4N4
Phone: 289-544-0191 Fax: +1 289-644-1850 Email: info@axonclinic.ca

Referral Form

REFERRING PROVIDER INFORMATION

* Practitioner (CPSO, CNO) Number:
* Referring Provider Name:
* Clinic Name:
Address: _____
Phone: _____ Fax: _____
* Registration (Billing) Number:
Signature: _____ Date: _____

PATIENT INFORMATION ☐ OHIP ☐ WSIB

* Patient Name:
* Date of Birth (DD/MM/YYYY):
* Health Card Number (include version code):
Address: _____
City: _____ Postal Code: _____
Phone: _____ Alternate: _____
Email (optional): _____
* Family Physician (if different): _____

*** Reason for Referral: (tick 1-2 relevant to the referral)**

☐ Chronic Low Back Pain
☐ Neck Pain
☐ Radicular Pain (Sciatica / Cervical Radiculopathy)
☐ Post-Surgical Pain
☐ Neuropathic Pain
☐ Joint Pain (Shoulder / Knee / Hip)
☐ Cancer-Related Pain
☐ Complex Regional Pain Syndrome
☐ Fibromyalgia / chronic fatigue syndrome
☐ Other:

*** Duration of Pain:**

☐ < 3 months
☐ 3–12 months
☐ > 12 months

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*** Relevant Medical History: (tick what is relevant to the referral)**

☐ Hypertension
☐ Diabetes
☐ Hypercholesterolemia
☐ MI
☐ Cardiac surgery-CABG
☐ Asthma
☐ Chronic kidney disease
☐ Peripheral vascular disease
☐ Stroke
☐ Rheumatoid arthritis
☐ H/O spine surgery- yes/no
☐ Osteoarthritis

☐ Other:

Previous Treatments Attempted:

☐ Physiotherapy
☐ Chiropractic
☐ Massage Therapy
☐ Medications (please list below)
☐ Injections (specify type/date)
-
-
☐ Surgery
☐ Other:

***Type of assessment:**

Urgent assessment: ☐ Yes ☐ No Reason:

Specific procedures: ☐ Yes ☐ No Reason:

Please attach:

☐ Relevant consultation notes *

If any relevant imaging & investigations:

☐ X-ray
☐ Ultrasound
☐ MRI
☐ CT
☐ EMG
☐ Other:

Goals of Referral

☐ Diagnostic Clarification
☐ Interventional Pain Procedures
☐ Multimodal Pain Management
☐ Other:

*

Fax completed referral to: +1 289-644-1850

Please fill sections with the red asterisk (*) for us to see the patients in a timely manner.