



PHYSICIAN REFERRAL FORM

DR. SANA-ARA AHMED, MD FRCPC

Complex Chronic Pain & Interventional Anesthesiologist

Patient Name: _____

Date of Birth:

DD

MM

YY

Phone Number: _____

Gender:

Male

Female

Other

Email Address: _____ Doctor Name: _____

Health Card Number _____ Clinic Name: _____

DATE OF REFERRAL REQUEST (DD/MM/YY): _____

Clinical History (for procedures):

Provide Assessment/Treatment Plan

COMPLEX CHRONIC PAIN CONSULTATION

- Chronic Migraine headaches including Botox and CGRP treatments
- Complex MSK Pain opioid harm reduction strategies
- CRPS (Complex Regional Pain Syndrome) and Neuropathic pain management
- Endometriosis/Pelvic pain Women's Health related issues management
- Ehlers Danlos Syndrome Diagnosis and Management (including POTS)
- MVA Post Traumatic MSK Pain & Concussion Management
- Fibromyalgia Management

INTERVENTIONAL PAIN MANAGEMENT PROCEDURE REQUISITION

HEAD/NECK

- Migraine Botox
- Occipital Neuralgia
- Otagia/Neuralgia
- Trigger Points
- Cervical ligaments

SHOULDER

- Shoulder Joints
- Rotator Cuff Tendons
- Bursitis
- Trigger Points
- Suprascapular Nerve

HIP AND PELVIS

- Hip Joint
- Gluteal Tendons
- GTB
- Trigger Points
- Lateral Cutaneous Nerve

KNEE/ANKLE

- Knee Joint
- Tendons/Bursa
- Ligaments
- Meniscus
- Tibiotalar Joint
- Plantar Fascitis

LOWER BACK/PELVIS

- SI Joint/L5/S1 Facet Joints
- Trigger Points
- Genitofemoral Nerve/Ilioinguinal Nerve
- Piriformis Syndrome

SPECIALIZED

- Tendon sheath / neo-vessel injection
- Peripheral nerve injection: _____
- Tenotomy
- Other: _____

OTHER INJECTABLES - UNINSURED SERVICES

- Platelet-Rich Plasma (PRP)
- Viscosupplementation (Hyaluronic Acid)
- Botox-Specify location: _____
- Other Injectable: _____

ALLERGIES

- Chlorhexidine
- Lidocaine
- Latex
- Other: _____

MEDICAL HISTORY

- DIABETIC
- ANTICOAGULANT USE: _____
- PREGNANCY: _____ WKS

Once completed please send to **Fax: 1-844-840-2474**

Please direct all questions to **Phone: 587-600-8158**