



REFERRAL REQUEST FORM

8054 Yonge Street, Thornhill, Ontario, L4J 1W3 Phone: 905-886-1212 Fax: 905-886-0248
 Website: www.drwilderman.com

To avoid adverse consequences to your Ministry payment, please indicate your Family Practice Model:

FHO FHT FHN FHG Fee for Service Other (please specify): _____

IMPORTANT DETAILS	Referring Physician:
Patient Name:	Physician Fax #:
Date of Birth:	Physician Phone #:
Patient Phone #:	Physician Billing #:
Patient OHIP #:	Physician Address:

Purpose of this referral (please circle): **PAIN** or **ALLERGY TESTING** or **SPORT MEDICINE**

Is this referral for (please circle): **INTERVENTIONAL PAIN MANAGEMENT** or **MEDICATION OPTIMIZATION**

Case type (please circle, if applicable): **WSIB** or **MVA** → Is this case currently under litigation **YES** or **NO**

REASON FOR REFERRAL*:

- Spine Pain
- Post-Herpetic Neuralgia
- Trigeminal Neuralgia
- Headaches
- Diabetic Peripheral Neuropathy
- Fibromyalgia
- Other (please specify): _____
- Carpal Tunnel Syndrome
- Temporomandibular Joint Disorder (TMJ)
- Joint, Bursa, or Tendon Pain
- Gout
- Trauma
- Sport or Overuse Injuries
- Fibromyalgia/Chronic pain education program
- Diabetes education program
- Allergy (food, environmental, contact)

Symptoms: _____

***REFERRAL REQUIREMENTS:**

CONDITION	IMAGING	BLOOD WORK	ALTERNATIVE
Headaches	CT or MRI		Neurology consult report
Cervical, thoracic, or lumbar spine w/o radicular symptoms	X-Ray or none		
Cervical, thoracic, or lumbar spine with radicular symptoms	MRI or CT		
Shoulder or Elbow pain	MRI or Ultrasound		
Hip, knee, hand, wrist, foot, or ankle pain	X-Ray		
Abdomen or pelvis pain	Ultrasound or CT		GI/Gynecology consult report
Generalized pain		Required	Rheumatology consult report
Young patients (<50 yr)		Required	Rheumatology consult report

*****Please note, your referral will be returned if the above requirements are not met*****

*****Please note that Wilderman Medical Clinic DOES NOT prescribe opioids*****