



REFERRAL FORM

8054 Yonge Street, Thornhill, Ontario, L4J1W3 Phone: 905-886-1212 Fax: 905-886-0248 Website: www.drwilderman.com

****Please note that all of our physicians are specialists or have chronic pain designation with the Ministry of Health and will not affect your access bonus****

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

Is the patient on: 1) Anticoagulants? **YES** or **NO** 2) Opioids? **YES** or **NO**

Reason for Referral:

****Injections are guided by ultrasound when necessary**

Spine Pain (Cervical Thoracic Lumbo-sacral)

Botox Clinic

- Migraine (also post-concussional & tension headache)
- Neuralgia (trigeminal, post-herpetic, etc)
- Temporomandibular Joint Disorder
- Neuropathy (diabetic, idiopathic, etc)
- Thoracic Outlet Syndrome
- Myofascial Pain
- Piriformis Syndrome
- Cervical Dystonia
- Involuntary movements of face, lips, and blepharo-or hemifacial spasm
- Hyperhidrosis

Regenerative Clinic (PRP, PRF, nStride, dextrose, HA)

- Arthritis Tendinopathy
- Bursitis Sports injury

Other (Please Specify): _____

Lidocaine Infusion

- Fibromyalgia CRPS Pelvic Pain

Ketamine Infusion

- Fibromyalgia CRPS Pelvic Pain Mood disorder

RF Ablation

- Cervical Facets SI Joints Morton's Neuroma
- Knee Shoulder

Medical Legal

- MVA Slip & Fall WSIB

Psychotherapy (Mood Disorders, Chronic pain disorder)

Diagnostic Testing

- Allergy skin prick Allergy patch test Pharmacogenetic

Naturopathy

Kinesiology

- Exercise Program WSIB MSK Program of Care

Veteran affairs clinic

Symptoms: _____

PATIENTS OVER THE AGE OF 50 MUST INCLUDE THEIR LATEST BMD REPORT

PATIENTS MUST HAVE A LIST OF TRIED AND CURRENT MEDICATIONS AND ALLERGIES ON HAND

***Referral Requirements:**

CONDITION	IMAGING	BLOODWORK	ALTERNATIVE
Headaches	CT or MRI		Neurology consult report
Cervical, thoracic, or lumbar spine without radicular symptoms	X-Ray or none		
Cervical, thoracic, or lumbar Spine with radicular symptoms	MR or CT		
Shoulder or Elbow pain	MR or Ultrasound		
Hip, knee, hand, wrist, foot, or Ankle pain	X-Ray and ultrasound		
Abdomen or pelvis pain	CT or Ultrasound		GI/Gynecology/Urology consult report
Generalized pain		Required- rheumatology panel	Rheumatology consult report
Young patients (<50yr)		Required- rheumatology panel	Rheumatology consult report

****PLEASE NOTE, YOUR REFERRAL WILL BE RETURNED IF THE ABOVE REQUIREMENTS ARE NOT MET**

****PLEASE NOTE THAT THE WILDERMAN MEDICAL CLINIC DOES NOT PRESCRIBE OPIOIDS**