



**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\*\***

<b>IMPORTANT DETAILS</b>	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 will be performed with ultrasound guidance 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	CTorMRI		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**