

St. Catharines Pain Centre

464 Welland Ave
St. Catharines, ON L2M 5V4
Tel: (289) 606-0200
www.stcatharinespaincentre.ca

Welland Pain Clinic

244 King Street
Welland, ON L3B 3J8
Tel: (905) 628-7800
www.wellandpainclinic.ca

Niagara Falls Pain Clinic

4790 Victoria Ave
Niagara Falls, ON L2E 4C3
Tel: (365) 447-0060
www.niagarafallspainclinic.ca

SELECT LOCATION YOU WANT THE PATIENT TO BE SEEN

Fax: (905) 641-2988

CHRONIC PAIN REFERRAL FORM

We have Special Practice Exemptions. FHO physicians will not be negated in the RA

Referring MD Name: _____

OHIP Billing Number: _____

Place patient label here

Patient Name: _____

Chief Complaint:

Current Medications:

Please attach copies of imaging reports as well as relevant consultations, treatments and surgical notes.

Signature: _____ Date: _____

PATIENT FORM

The Emergency Department has referred you to the selected chronic pain clinic in our community. The clinic has many options they will try to help your pain symptoms.

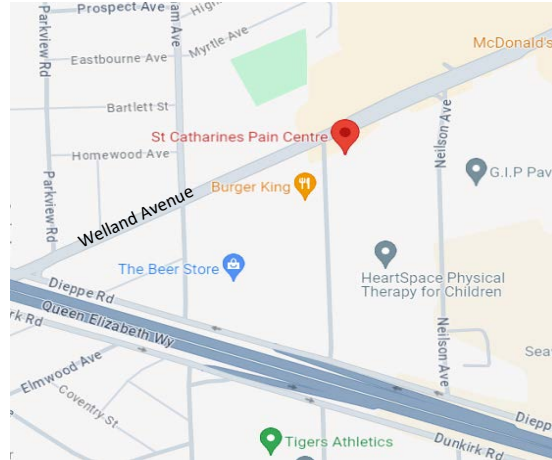
Given you are suffering from chronic pain that impacts your life, the clinic maintains short wait-times. The clinic will be calling you with an appointment within 2-3 days and you will be provided an appointment at this time.

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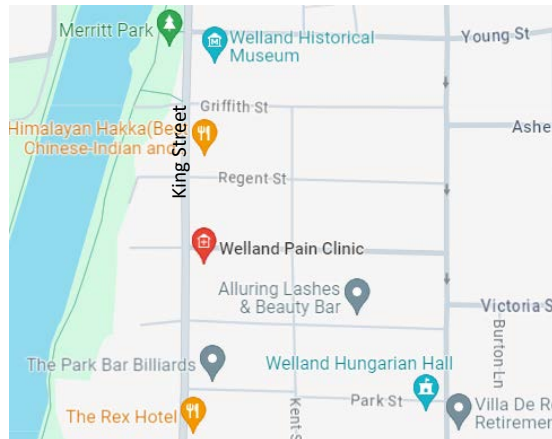
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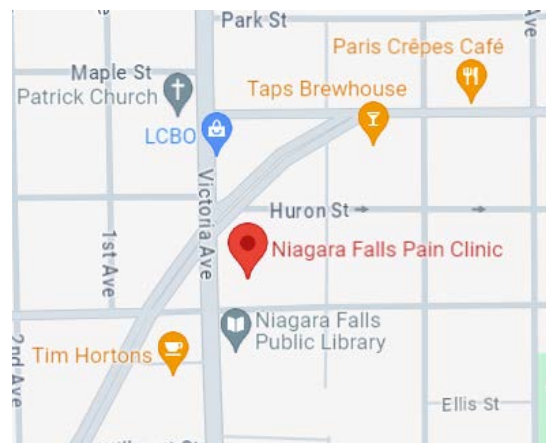
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PLEASE GIVE TO THE PATIENT PRIOR TO DISCHARGE FROM ED