



106 - 52 Scarsdale Road, Toronto, ON M3B 2R7

437-561-0279

647-714-5200

SORENA PAIN CLINIC REFERRAL FORM

PATIENT DEMOGRAPHIC:

Full Name : Date of Birth: Health Card #

Address : City: Postal Code:

Contact Number: Alt. Tel.

Email Address This patient is a: New Patient Re-referral

REFERRING PHYSICIAN INFO:

Name: Tel. Fax:

Address: City Postal Code:

CPSO# Billing#

REASON FOR REFERRAL:

Lower Back Pain

- Lumbar degenerative disc disease
- Lumbar disc protrusion
- Sciatica
- Lumbar spinal stenosis
- Sacroiliac joint dysfunction

Neck Pain

- Cervical degenerative disc disease
- Cervical disc protrusion
- Cervical radiculopathy
- Cervical spinal stenosis

Joint Pain / Sport Injury

- Upper Extremity: Lower Extremity:
- Shoulder Hip
 - Elbow Knee
 - Wrist Ankle
 - Hand/Finger Foot/Toe

Musculoskeletal Pain

- Fibromyalgia Bursitis
- Myofascial pain Tendinopathy

Headache and Facial Pain

- Migraine Occipital neuralgia
- Tension Trigeminal neuralgia
- Cervicogenic TMJ

- MVA-Related Pain
- Complex Regional Pain Syndrome
- Neuropathy Pain
- Cancer-related Pain
- Other:

MEDICAL HISTORY AND MEDICATION LIST:

Please fax the referral to 647-714-5200 or email it to referral@sorenaclinic.com.