

**PATIENT CONTACT INFORMATION (STICKER)**

**REFERRING HEALTH CARE PROVIDER (STAMP)**

**REFERRAL DX. PLEASE SELECT ALL THAT APPLY**

- |              |                          |                   |                          |
|--------------|--------------------------|-------------------|--------------------------|
| Chronic Pain | <input type="checkbox"/> | Fibromyalgia      | <input type="checkbox"/> |
| Arthritis    | <input type="checkbox"/> | Colitis / Crohn's | <input type="checkbox"/> |
| Migraines    | <input type="checkbox"/> | Sleep Disorder    | <input type="checkbox"/> |
| PTSD         | <input type="checkbox"/> | Anxiety           | <input type="checkbox"/> |
| Depression   | <input type="checkbox"/> | Seizures          | <input type="checkbox"/> |
| MS           | <input type="checkbox"/> | Palliative Care   | <input type="checkbox"/> |
| Cancer       | <input type="checkbox"/> |                   |                          |
| <hr/>        |                          |                   |                          |
| Other        | <input type="checkbox"/> |                   |                          |

Please fax any relevant: PMH / Rx history / Imaging Reports / Consults to 1-844-600-3141

**REFERRING HEALTH CARE PROVIDER**

License #  Signature

Would you like to receive patient assessment notes and updates?  Yes  No

**PLEASE SELECT A CLINIC**

- |                    |                          |                 |                          |         |                          |  |                          |
|--------------------|--------------------------|-----------------|--------------------------|---------|--------------------------|--|--------------------------|
| Barrie             | <input type="checkbox"/> | Mississauga     | <input type="checkbox"/> | Toronto | <input type="checkbox"/> | Other  | <input type="checkbox"/> |
| Hamilton           | <input type="checkbox"/> | Pickering       | <input type="checkbox"/> | Vaughan | <input type="checkbox"/> | <input style="width: 150px; height: 25px;" type="text"/> |                          |
| Kitchener/Waterloo | <input type="checkbox"/> | St. Catherine's | <input type="checkbox"/> | Windsor | <input type="checkbox"/> | <b>Telemedicine</b>                                      | <input type="checkbox"/> |

Referrals are processed in the order received | Patients will be contacted directly to schedule consultation

**Thank you for the referral**