Burlington Pain Care
For Pain Managment

McMaster University

REFERRAL FORM

Dr. Rhythm Gumber, MD

1960 Appleby Line, Suite 24, Burlington, Ontario L7L 0B7

Phone 905-315-8802 | Fax 905-315-9924

REFERRING PROVIDER

Date of referral _____ **Physician number** _____

Referring physician _____ **Signature** _____

Address _____ **City** _____ **Province** _____ **Postal code** _____

Telephone _____ **Fax** _____ **Email** _____

PATIENT INFORMATION

Last name _____ **First name** _____ **Middle name** _____

Address _____ **City** _____ **Province** _____

Postal code _____ **Telephone** _____ **Email** _____

Date of birth (DD/MM/YYYY) _____ **Health card number** _____ **Version** _____

CLINICAL INFORMATION

- ☐ Neck pain
- ☐ Back pain
- ☐ Radiculopathy
- ☐ Headache / migraine
- ☐ Fibromyalgia
- ☐ MSK / sports medicine
- ☐ Persistent post-surgical pain
- ☐ Neuropathic pain
- ☐ CRPS

Clinical summary, current medications/treatments, and relevant imaging:

REQUESTED CONSULTATION / SERVICE

- ☐ Ultrasound-guided MSK injections (steroid, HA, PRP, prolotherapy)
- ☐ Ultrasound-guided regional anesthesia (peripheral nerve, paravertebral, fascial plane)
- ☐ BOTOX injections (migraine, TMJ, spasticity)
- ☐ Multimodal analgesia consultation
- ☐ Intranasal / IM ketamine treatment
- ☐ Ketamine-assisted psychotherapy

- ☐ Relevant imaging / reports attached
- ☐ Medication list attached
- ☐ Routine
- ☐ Urgent

PLEASE FAX COMPLETED REFERRAL AND SUPPORTING DOCUMENTS TO 905-315-9924

This referral form is intended for clinical use. Please ensure all mandatory patient and referring-provider information is complete.