IPSSC
Interventional Pain & Spine Specialists of Canada

62-1262 Don Mills Rd.
North York, ON M3B 2W7
info@ipssc.ca
www.ipssc.ca
Tel: 416-335-7474
Fax: 416-332-8593

Request for Consultation
Chronic Pain Management

❒ **Preferred Specialist, Dr.** _____ ❒ First Available Doctor

Referring Physician Information

Name: _____

Specialty: _____

Address: _____

Phone: _____

Fax: _____

Billing #: _____

Signature: _____

Family Physician Information (if different)

Name: _____
Phone: _____
Fax: _____

Patient Information

Name: _____

Address: _____

Date of Birth: _____

Health Card #: _____ VC: _____

Gender: ☐ Male ☐ Female Other:

Language if unable to speak English:

_____

Phone: _____

Alternate Phone: _____

Email: _____

DIAGNOSIS:

☐ Back pain ☐ Neck Pain
☐ Radiculopathy ☐ Other:_____

REASON FOR REFERRAL: ☐ Image-guided injections
☐ Medication recommendation ☐ Ketamine infusions
Other:

Imaging Reports of the involved area is recommended

	Investigations	Date(s)	Reports Included
☐	X-Rays	_____	☐
☐	MRI	_____	☐
☐	CT Scan	_____	☐
☐	Other(specify):	_____	☐

CURRENT SYMPTOMS (check all that apply)

☐ Pain with activity: ☐ Mild ☐ Moderate ☐ Severe
☐ Pain at rest/night: ☐ Mild ☐ Moderate ☐ Severe
☐ Other: _____

TREATMENTS TO DATE (check all that apply)

☐ Analgesics ☐ Non-steroidal anti-inflammatory drugs
☐ Injections: ☐ Steroid ☐ Viscosupplement
☐ Arthroscopy ☐ Physiotherapy
☐ Exercise/weight loss ☐ Other: _____

Insurance Contact:
Name: _____
Office: _____
Phone:_____
Fax: _____

MEDICATIONS & MEDICAL HISTORY
(please attach patient profile)

Our Interventional specialists will not initiate or assume responsibility of chronic opioid management

For educational materials including videos on common procedures and FAQs visit www.ipssc.ca