INOVO
MEDICAL CENTRE

Referral Form

Patient email if available _____

Referring MD Information
MD Stamp & Billing #

Patient Contact Information
For Patient Label

Please circle applicable practice model FHT FHG FHN FHO Other _____

Are you this patient's family physician? Y ☐N ☐ Other _____
If yes, please attach a full list of current medications

Reasons for consultation

_____

_____

_____

Patient's Past Medical Treatment / Profile – Has the patient received any of the treatments listed below?
If yes, why stopped _____

_____

☐Nerve Blocks ☐NSAIDs/COXIBs ☐Opioids ☐Cannabinoids ☐Tricyclic
☐Other Anti-Depressants ☐Carbamazapine ☐Gabapentin ☐Pregabalin ☐Topiramate

History of addiction/abuse? Y ☐N ☐ **Concerns?** Y ☐N ☐ :

- I recognize that my patient is being referred into an interdisciplinary program, and when indicated will receive care from allied healthcare professionals in addition to care from a physician with pain expertise. I acknowledge that I have read the conditions of this referral and I agree to resume care for this patient after discharge or when medication plan has been settled and patient is stable.

  Initial consultation is free for chronic pain and sports medicine.

Clinic/s Referring to

☐ Chronic pain / Headache ☐ Sports / Concussion ☐ Regenerative medicine (We do financing)
☐ Rehabilitation ☐ Plastic / Cosmetic ☐ Sexual health

Physician Signature _____ *Date* _____

Tel: 613 749-4668; Fax: 1-844-414-6686 info@inovomedical.ca 1328, Labrie Ave, Ottawa, ON K1B3M1

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INOVO Medical Patient Referral Checklist

To optimize our central intake and referral process, include ALL required information outlined in the checklist below

- ☐ INOVO Medical Patient Referral Form completed
- ☐ Diagnostic Imaging
  - ☐ MRI / X-RAY / CT/ ECHO / EMG
- ☐ Past medical history
  - ☐ Surgical
  - ☐ Medical
- ☐ Complete list of medications
- ☐ Relevant consultation (Of specialists whom they have seen in regards to pain. Ex: orthopedic, rheumatology, etc.)
  - ☐ Surgical
  - ☐ Medical
- ☐ Other

  Please specify: _____

Please contact us if you have any questions or concerns

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