Hamilton Health Sciences

McMaster University Medical Centre
4th Floor Yellow Section 4V
1200 Main St. West, Hamilton, ON L8N 3Z5
Phone: (905) 521-7931 Fax: (905) 521-7975
Website: www.hhsc.ca/pain

Michael G. DeGroote PAIN CLINIC

TO: MGD Intensive Group Program Date :

The following insured is being referred for:
☐ Chronic Pain Management Interdisciplinary Assessment with Physician, Psychologist and Occupational Therapist (to determine suitability for group program)
****Patients must be able to understand and converse in English, work in groups of people, be cooperative, and be independent in self-care (i.e. dressing, personal care, etc.) to participate in the group program**

Claim /Policy #:	DOB:	Male ☐ Female ☐
Surname:	Given Name:	
Address:		
Telephone #:	Email Address:	
Date of Injury:	Health Card Number:	

GOAL FOR TREATMENT:

☐ Improve Quality of LIfe ☐ Return to Work

Comments:

ASSESSMENT AND TREATMENT TO DATE (DETAILS AND DATES)

****If you are initiating this referral based on a recommendation from a physician/specialist or other health professional please indicate whom and include their report with this referral form.**

If applicable, Chronic Pain Management recommended by:

Specialist:

Physiotherapy:

Chiropractic:

Other (specify):

MEDICATIONS:

INVESTIGATIONS	DATE(S)	REPORTS INCLUDED
☐ X-Rays		
☐ MRI		
☐ CT Scan		
Other (specify):		

ADDITIONAL COMMENTS

REFERRAL SOURCE

Name:	
Address:	
Phone #: Fax #:	
Email Address:	

FAMILY PHYSICIAN

Name:	
Address:	
Phone #:	Fax #:
Indicate # of years with family physician:	

INSURANCE CONTACT

Name:	**Office Use:**
Office:	
Phone:	
Fax:	

ONCE assessment is authorized, we will request MEDICAL DOCUMENTATION