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 veteran 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**

Veteran Affairs K#:	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

PRIMARY TREATING PRACTITIONER	**FAMILY PHYSICIAN (IF DIFFERENT)**
Name:	Name:
Address:	Address:
Phone #:	Phone #: Fax:
Fax #:	Indicate # of years with family physician:

VETERAN AFFAIRS CONTACT

Name:	Provider #10685 HOSP (Michael G. DeGroote Pain Clinic)
Office:	Program of Choice (POC) – 5 MDC168
Phone: Fax:	Benefit Codes: Assessment 120120 Group Program 120122
Email:	**Please have TAC forward the authorization #**

PLEASE ATTACH MEDICAL DOCUMENTATION