



TAPMI Outpatient Specialist Referral Form S

76 Grenville Street
Toronto, Ontario M5S 1B2
Phone: 416-323-6269
Fax: 416-323-2666

PATIENT INFORMATION (Affix patient label/ identification here)

Name: _____ Preferred Name: _____
Date of Birth: _____
DD / MM / YYYY
Health Card: _____ Version code: ____
Address: _____
Phone: _____ Alternate: _____
Gender: _____ Pronouns: _____

Date: _____
DD / MM / YYYY

Language with which the patient is more comfortable speaking with the provider:

English French Other: _____

Interpreter required: yes no If yes, language required: _____

Referring Staff Provider: _____ Billing Number: _____

Signature: _____

Referring Site: Sinai Health System St. Michael's Hospital University Health Network

Women's College Hospital Sunnybrook Hospital Other _____

Referring Specialty: _____

Reason for referral (check one or more options or specify needs in writing):

Options:

Diagnostic/Interventional Pain Management

Indicate requested block: _____

Pre-operative Pain Management

UHN Cancer Pain Clinic

Post-operative Chronic Pain Management

Pain in Pregnancy

Post-operative Opioid Weaning

Headache in Pregnancy

Myofascial Pain

Intracranial Hypotension Headache

Other

Sleep Health Optimization

Date of surgery (if known): _____

DD / MM / YYYY

In communication with the referring physician, TAPMI may triage patients to alternate providers.

Fax referral to TAPMI Central Intake at 416-323-2666

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