



# Dr. Dhinesh Sivananthan Physiatry Referral

Scarborough Hospital

**Fax: 416-495-2581**

**Patient ID:**

**Name:**

**DOB:**

**HC:**

**Phone:**

**History:**

**Reason for referral:**

<b>General MSK</b>	<b>Spasticity Management/Botox</b>
<b>Post Stroke</b>	<b>Joint injections</b>
<b>Post Spinal Cord Injury</b>	<b>Post Amputation</b>
<b>Post traumatic brain injury</b>	<b>Prosthesis</b>
<b>Management of joint pain</b>	<b>EMG</b>
<b>Management of neuropathic pain</b>	<b>Other:</b>

**Referring Physician Details:**



300360