



**DR. DHINESH SIVANANTHAN, BSc MSc MD FRCP**  
**SHN Physiatry Clinic**  
**3030 Birchmount Road, 4th floor**  
**Scarborough ON, M1W 3W3**  
**Phone: 416-495-2558**  
**Fax: 416-495-2581**

## PHYSIATRY REFERRAL

### Patient Information

Name:	
DOB:	
Health Card Number:	
Phone Number:	Interpreter required:

### History:

### Reason for Referral:

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

Imaging attached to referral:

Referring Physician:

Billing Number:

Physician signature:

