

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

Name: DOB: Health Card Number: Phone Number: Interpreter required: History: Reason for Referral: General MSK Post Stroke Post Stroke Post Spinal Cord Injury Post traumatic brain injury/Concussion Prosthesis
Health Card Number: Phone Number: Interpreter required: History: Reason for Referral: General MSK Post Stroke Post Spinal Cord Injury Post Amputation
Phone Number: Interpreter required: History: Reason for Referral: General MSK Spasticity Management/Botox Post Stroke Joint Injections Post Spinal Cord Injury Post Amputation
Reason for Referral: General MSK Spasticity Management/Botox Post Stroke Joint Injections Post Spinal Cord Injury Post Amputation
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1 Ost tradifiatio brain injury/ Conduction
Management of joint pain EMG
Management of neuropathic pain Other:
Imaging attached to referral:
Referring Physician:
Billing Number:
Physician signature:

