Riley Park: Suite 200 – 1402 8th Avenue N.W. Calgary, Alberta T2N 1B9
Phone 403.984.5458 • Fax 403.984.5445 • Web: www.caleohealth.ca

Patient Information or Label: **Referral Date:** _____

Name: _____ **Date of Birth:** _____ **Gender:** _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Patient Email: _____ Patient PHN: _____

☐ WCB or ☐ MVA: Claim Number: _____

Referring Physician: _____ **Prac. ID #:** _____

Phone: _____ Fax: _____

Referral For: Pain Management ☐ Routine ☐ Semi-urgent ☐ Urgent

☐ **Caleo Health Pain Management Team**

☐ **Dr. A. Gupta,** MD, **FRCPC (PM&R)**, CSCN, Physiatrist

☐ **Dr. Francine Barnard,** MD, **CCFP**, M.Sc., Pain Management

☐ **Dr. M. Klasa,** MD, Medication Management

PAIN MANAGEMENT PROGRAMS: *(Please select one or more below)*

☐ ASSESS & TREAT *(Dr. Gupta and MKS - Pain Team)*

☐ PAIN INJECTIONS *(Dr. Gupta)* *complete general musculoskeletal consult section below*

☐ PROLOTHERAPY *(Dr. Barnard & Gupta to assess to treat)*

☐ MEDICATION MANAGEMENT *(Dr. Klasa)*

Physical Medicine & Rehabilitation - Multidisciplinary Pain Management

Diagnosis (Dx) & Clinical Syndrome Assessment:

History: ☐ CLINIC NOTES AND DIAGNOSTIC REPORTS ATTACHED

Physical Examination & Diagnostic Imaging/Investigations findings:

General Musculoskeletal Consult

☐ Peripheral Joint Details: _____

☐ Soft Tissue Details: _____

☐ Limb Pain: _____ ☐ Body Pain ☐ Head Pain

Spine Pain: ☐ Facet Injections ☐ MBB ☐ RF ☐ Nerve Root Block ☐ Epidural ☐ SI/Coccyx

Please include all relevant investigations
Patient should arrive 15 minutes early bring shorts and/or tank top for physical examination