Deon Louw, MB ChB FRCSC

Caleo Health, 1402 – 8th Ave. NW, Suite 200 Calgary, AB T2N 1B9

Phone: 403-452-6876; Fax: 403-984-5469

NOTICE: Neurosurgeon specialist accepting referrals for Frequent Migraines in Calgary Area

Dear Physician,

Caleo Health has moved to 200-1402 8th Ave NW, Calgary.

The new facility has increased my capacity to accept referrals for Chronic Migraineurs *(experiencing ≥15 headache days/month with ≥8 being migrainous)* who are willing to undergo BOTOX treatment. I've implemented a priority referral system to help minimize wait times for patients amenable to BOTOX treatment. Patients who should be considered for BOTOX treatment are those on existing prophylaxis and/or daily medication to prevent headaches.

Caleo Health does not charge patients an assessment or injection fee and BOTOX is covered by most insurance plans.

BOTOX received approval from Health Canada in late 2011 for the *prophylaxis of Chronic Migraine*.

Phone or Fax to Refer your Patients:

Phone: 403-452-6876

Fax: 403-984-5469 (Primary)
or
Fax: 403-452-0995 (Secondary)

In your referral, please include:

Referral form completed by the Physician & Patient.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Deon Louw, MB ChB FRCSC

Migraine Referral Form: Fax to Dr. Deon Louw (Neurosurgeon and Headache Specialist)
Caleo Health Headache Clinic, Fax No: 403.984.5469

Referring Physician Information (Please Print)			
Name:		**PRACID #:**	
Address:		**Phone:**	
		Fax:	
Physician Signature:			
BOTOX FOR CHRONIC MIGRAINE: ☐			

Patient Information

Name: ______________________________ **DOB (DD/MM/YYYY):** ____________________

Address: ______________________________ **Daytime Phone #:** ____________________

Health Card #: ______________________________ *(or attach label with patient information)*

Is your headache the result of a motor vehicle accident (MVA)? Yes ☐ No ☐

Do you have an active WCB or legal claim for this headache condition? Yes ☐ No ☐

How many days in the past month were you completely headache-free? i.e. crystal-clear days: __________

Have you seen a neurologist/headache specialist? YES ☐ NO ☐

When you have headache, what symptoms do you have (check all that apply)?

One side of your head ☐ Both sides of your head ☐ Pulsating/Throbbing ☐ Light sensitivity ☐

Moderate to Severe Pain ☐ Aggravated by / causing you to avoid physical activity ☐ Nausea and / or vomiting ☐

Do you have difficulty swallowing? Yes ☐ No ☐ **Have you been diagnosed with Myasthenia Gravis or GBS?** Yes ☐ No ☐

What over-the-counter and prescription medications are you currently taking for headache?

Have you taken any of the following medications (select all that apply):

Amitriptyline ☐ Topiramate ☐ Propranolol ☐ Candesartan ☐ Gabapentin ☐ BOTOX ☐