

Intervention Pain Management

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BACK PAIN	NECK PAIN	HEADACHE	OTHER
<input type="radio"/> degenerative disc disease	<input type="radio"/> degenerative disc disease	<input type="radio"/> tension	<input type="radio"/> _____
<input type="radio"/> myofascial pain	<input type="radio"/> facet arthropathy	<input type="radio"/> cluster	
<input type="radio"/> facet arthropathy	<input type="radio"/> radiculitis	<input type="radio"/> occipital neuralgia	
<input type="radio"/> sciatica	<input type="radio"/> discogenic neck pain	<input type="radio"/> trigeminal neuralgia	
<input type="radio"/> discogenic lower back pain	<input type="radio"/> annular tear	<input type="radio"/> cervicogenic headache	
<input type="radio"/> spondylolisthesis	<input type="radio"/> disc protrusion/herniation		
<input type="radio"/> radiculitis			
<input type="radio"/> annular tear			
<input type="radio"/> disc protrusion/herniation			

Past Medical history:

Allergies:

Medications:

Anticoagulants:

PATIENT NAME:		D.O.B.:
Address:	City:	Postal Code:
Telephone: ()	Fax: ()	
Health Card #	Version:	Expiry Date:

REFERRING DOCTOR:		
Address:	City:	Postal Code:
Telephone: ()	Fax: ()	

Billing #

ROUTINE ASAP URGENT