

Chronic Pain, Opioid Dependency, Addiction

		LOCATIONS			
☐ Brampton	☐ Courtice	☐ Hamilton	☐ King	ston	☐ Scarborough
☐ Kitchener	□ Oshawa	☐ Peterborough		nto	
		PHYSICIANS			
Dr. Calvin Chan MD, CCFP		Dr. Neil D'Souza MD, CCFP		Dr. Rahim Haji MD, CCFP	
Dr. Lotar Nunez MD, CCFP		Dr. David D'Souza MD,	D, CCFP Dr. Wilf		d Chan MD, CCFP
Date:					
		Patient Information:			
Patient Name:		DOB:			
Address:					
Home Phone: Cell Phone:					
Health Card Numb	er:				
		Referring Physician:			
Physician: Billing Number:					
Office Phone:	Offic	Office Fax:			
	Reas	on for Reason (may select	multiple):		
☐ Chronic Pain		☐ Opioid Dependency		□ A	ddiction
Clinical History/Ot	her:				
-					<u> </u>
Are you a member	of an FHO/FHT/I	FHN? □ Yes □ N	0		
Please fax referral to (647) 699-8788 We will contact the patient directly					

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