# RELEVA
Chronic Pain Centre

**FAX:** 647.977.2757 **PHONE:** 416.747.8008
**WWW:** www.releva.ca **EMAIL:** info@releva.ca

## LOCATION

- **Etobicoke**, 1770 Albion Rd M9V
- **Mississauga**, 1224 Dundas St W, L5C 4G7

## PATIENT INFORMATION

Patient Name
Date Of Birth / / (dd/mm/yyyy)
HCN#
Address
Contact Phone

*Place Patient Label Here*

**** There is NO billing negation for FHO/FHN physicians****

## PAIN CONDITION(S)

- Low Back Pain
- Headaches/Migraines
- Neuropathic pain
- Neck Pain
- Shoulder Pain
- Complex Regional Pain Syndrome
- Fibromyalgia

Other:
Pain Duration
History of substance/alcohol abuse: Yes No
Current Medications:
Treatments and responses to date:
Additional information:

*Please attach copies of imaging reports as well as relevant consultations, treatments, and surgical notes*

| | |
|---|---|
| Referring Physician | Family Physician (if different) |
| Address | |
| | Address: |
| Phone | |
| Fax | Phone |
| Billing #: | Fax |
| FHO/FHN Practice Yes No | |

**Please FAX the completed PDF to: 647.977.2757**
**Email: info@releva.ca**

Print Form