



**LONDON**  
SPINE CENTRE

**FAX TO: 519-933-4458**  
www.londonspinecentre.ca

**SURGEONS:**  
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## REFERRAL FORM

(For Emergent/Life or Limb Cases incl. Cauda Equina: Send to ER or call Criticall 1-800-668-4357)

Cervical Spine  Thoracic Spine  Lumbar/Sacral Spine

### Diagnosis:

Radiculopathy  Myelopathy  Deformity  Tumour  Fracture  
 Mechanical Pain  Other: \_\_\_\_\_

### REQUEST FOR (SELECT ONE):

- Interdisciplinary Case Conference Assessment/Physiotherapy** (PT assessment and rehabilitation planning, Surgical/PMR review, medical consult as deemed necessary)  
 **PM&R Consult- Spine Consultation/ EMG/ Musculoskeletal Medicine/ Interventional**  
 **Surgical Consultation- MRI REQUIRED** except in scoliosis or if contraindicated

### Patient Demographics

Patient Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

DOB (YYYYMMDD): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_ OHIP#: \_\_\_\_\_ VC: \_\_\_\_\_

***We will contact your patient directly. Please confirm that the patient consents to and prefers communication of appointment details via (Mandatory):***

Text Message  Email  Voicemail (Home)  Voicemail (Cell)

### Referring Provider Details

Referring Provider Name: \_\_\_\_\_ Billing#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  Priority/Urgent

Secure Email: \_\_\_\_\_ Family Physician: \_\_\_\_\_

**Clinical History/Details: \*Please attach all relevant imaging studies, previous relevant consult notes or physiotherapy reports.**

**For Office Use Only:**  Urgent  Surgical  MSK/RAC  Physiatry  Other: \_\_\_\_\_