

Headache, Migraine & Concussion Centre

Non-Narcotic Medical Pain Management

Patient Consult Request

Call 905-477-4677 or Fax 1-866-380-2423

Medical Doctor Visit Covered by OHIP

WE REQUIRE ALL PATIENT AND DOCTOR DEMOGRAPHICS TO BOOK YOUR PATIENT. PLEASE FILL OUT ALL OF THE REQUESTED INFORMATION BELOW.

Patient Name: _____ Date: _____

Patient Phone: _____ Cell: _____

Address: _____

Gender/DOB: _____ HC: _____

Medical Problem/Diagnosis: Headaches Migraines Neck Pain

Other: _____

Medication/Supplements: _____

Please Include Investigations (MRI/CT, Sleep Studies, Consult notes, Bloodwork etc.)

Referring Doctor Name: _____

Address: _____

Office Phone: _____ Fax: _____

Dr. Billing #: _____

Phone: 905-477-4677

Fax: 1-866-380-2423

Address: 555 Kingston Road West, 1st Floor, Ajax, ON. L1S 6M1