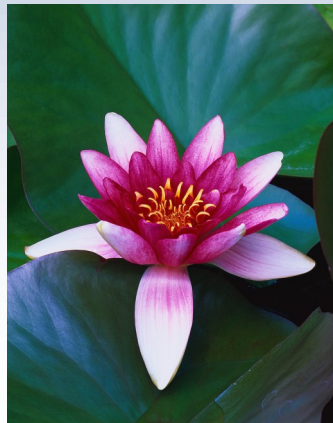


**Mindfulness Meditation for Chronic Pain
with
Dr. Jackie Gardner-Nix, Chronic Pain Consultant
Hosted on OTN by
Oshawa Community Health Centre**



Do You Have Chronic Pain?

You are not alone. Almost 1 in 3 Canadians suffer chronic pain.

Please ask your Doctor or Nurse Practitioner to refer you.

The referral form is attached.

If you have questions please contact Lisa at 905-723-0036 x232

or Devon x239 or

www.NeuroNovaCentre.com



Fax to **1.888.879.2807** for
the OTN Scheduling Services

OTN USE ONLY

SITE NAME/SYSTEM NO.

APPOINTMENT DATE (DD/MM/YY)

APPOINTMENT TIME

PATIENT REFERRAL FORM

APPOINTMENT INFORMATION

DATE OF REQUEST (DD/MM/YY) _____ SPECIALIST'S NAME (If unknown, OTN will provide assistance) _____ SPECIALTY REQUEST _____

TYPE OF APPOINTMENT: NEW PATIENT CONSULT FOLLOW-UP VISIT WSIB#: _____

REFERRING PHYSICIAN INFORMATION

REFERRING PHYSICIAN'S NAME (First/Last) _____ PHONE _____ FAX _____

REFERRING PHYSICIAN OHIP BILLING NUMBER _____ FAMILY PHYSICIAN'S NAME (First/Last if different from above) _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

E-MAIL ADDRESS _____

PATIENT INFORMATION

NAME (First/Last) _____ DATE OF BIRTH (DD/MM/YY) _____ MALE FEMALE

MOTHER'S MAIDEN NAME _____ FATHER'S FIRST NAME _____

HEALTH CARD NUMBER _____ VERSION CODE _____ EXPIRY DATE (DD/MM/YY) _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

CURRENT PHONE NUMBER (Home) _____ ALTERNATE PHONE NUMBER (Work/Cell) _____ PREFERRED LANGUAGE _____

SUPPLEMENTAL INFORMATION (not always required)

PARENT/GUARDIAN/SUBSTITUTE DECISION MAKER _____ PHONE (Home) _____ PHONE (Work/Cell) _____

IF KNOWN: NAME OF TELEHEALTH SITE _____ TIME OF CONSULT _____ ESTIMATED LENGTH OF CONSULT _____

REASON FOR REFERRAL (please attach relevant reports including current list of medications)

In accordance with the *Personal Health Information Protection Act, 2004 (Ontario)*, I agree to be bound by "Terms and Conditions for Referring Clinicians" as currently posted on the OTN website www.otn.ca or available on request by calling 1.866.454.OTN1.

SIGNATURE OF REFERRING PHYSICIAN

19.25.F.v1

This document contains personal health information and must be protected in accordance with Ontario's *Personal Health Information Protection Act, 2004*.