Andrew Doody OT Reg. (Ont.), Clinic Coordinator
Tel: 416-243-3721
Fax: 416-243-3907

Chris Boulias MD FRCPC
Physical Medicine & Rehabilitation

Farooq Ismail MD FRCPC
Physical Medicine & Rehabilitation

Requisition for Comprehensive Spasticity Management Clinic

Patient Name:_____ **Date of Birth:** _____
(YYYY/MM/DD)

Health card number: _____ **Gender:** _____(M) _____(F)

Address: _____

Home Phone: _____ **Work Phone:** _____

Referring Physician: _____ **Billing Number:** _____

Referring Physician Phone Number: _____ **Fax:** _____

Referring Physician Address: _____

_____

Diagnosis (please check one)

Spasticity due to: ☐Stroke ☐Traumatic Brain Injury ☐Spinal Cord Injury ☐Multiple Sclerosis ☐Cerebral Palsy
☐Other: _____

Medical History:

Current Medications: **Coumadin?** ☐Yes ☐No

Anti-Spasticity Medications previously tried:

	Dosage:		Dosage:
☐Baclofen	_____	☐Benzodiazepam	_____
☐Tizanidine (Zanaflex)	_____	☐Dantrolene	_____
☐Botox	_____	☐Other:	_____

For office use only:
Date received: _____ **Appointment date/time:** _____