



Oakville Referral Application

PCC Oakville
245 Wycroft Rd. Unit 1
Oakville, Ont, L6K 3Y6
Tel: (289) 817- PAIN (7246)
Fax: (289) 817 - CARE (2273)

Pain Diagnosis, if available

Current Medication List

History of Drug/Alcohol abuse or addiction Yes No

Current/Previous specialists seen

Investigations

Medical History

Previous Pain Related Procedures

Are you the patient's family physician or Most Responsible Physician (MRP)? Yes No

As the most responsible physician, by signing the below, I agree to take over the patient's prescriptions and pain care once the patient is stable and ready to be discharged from PCC.

Physician Signature

Date

***** Referral for chronic non-cancer pain *****