INFINITI

HEADACHE & MIGRAINE CLINIC

Specialized assessment and evidence-based management of migraine and headache disorders.

PHYSICIAN REFERRAL FORM

#10 - 12432 Symons Valley Rd NW, Calgary, AB T3P 0A3

PHONE 403-460-4502 **FAX** 403-460-4569

REFERRING PROVIDER INFORMATION

Name (Physician/NP): _____

Clinic / Practice: _____

Phone: _____ Fax: _____

Email: _____

Date of Referral: _____

Signature: _____

PATIENT INFORMATION

Patient Name: _____

Date of Birth (YYYY/MM/DD): _____

PHN: _____

Phone: _____

Email: _____

Address: _____

_____

REASON FOR REFERRAL

(Please check all that apply)

- ☐ Migraine management
- ☐ Chronic headache
- ☐ Diagnostic clarification
- ☐ Botox for migraine prevention
- ☐ Nerve block assessment
- ☐ Other: _____

TYPE OF HEADACHE

(Please check all that apply)

- ☐ Migraine without aura
- ☐ Migraine with aura
- ☐ Chronic migraine
- ☐ Tension-type headache
- ☐ Cervicogenic headache
- ☐ Occipital neuralgia
- ☐ Post-traumatic headache
- ☐ Medication-overuse headache
- ☐ Other / Unsure: _____

CLINICAL INFORMATION

Headache Frequency (days/month)

☐ < 4 ☐ 4-14 ☐ >= 15

Duration of Headache

☐ < 3 months ☐ 3-12 months ☐ > 12 months

Associated Symptoms (check all that apply)

☐ Nausea / Vomiting ☐ Photophobia ☐ Phonophobia ☐ Aura ☐ Dizziness ☐ Neck pain ☐ Other: _____

PRIOR TREATMENT

Preventive medications tried (please list):

_____

_____

_____

Previous Botox for migraine prevention: ☐ Yes ☐ No

Acute medications tried (please list):

_____

_____

_____

Previous Nerve Block: ☐ Yes ☐ No

ADDITIONAL INFORMATION

Relevant Imaging / Reports:

☐ MRI ☐ CT ☐ None

☐ Other: _____

Additional Comments / Relevant History:

_____

_____

_____

Not sure of the diagnosis?

That's okay. We welcome referrals for patients with persistent or complex headaches-even when the diagnosis is uncertain.

PLEASE INCLUDE (if available)

☐ Medication list ☐ Imaging reports ☐ Consultation notes

THANK YOU FOR YOUR REFERRAL.

We will review the referral and contact the patient directly to arrange an appointment if appropriate.