



Dr. Dhinesh Sivananthan Physiatry Referral
Scarborough Hospital

Fax: 416-495-2581

Patient ID:

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| Name: |
| DOB: |
| HC: |
| Phone: |

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| History: |
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Reason for referral:

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|---------------------------------------|------------------------------------|
| General MSK | Spasticity Management/Botox |
| Post Stroke | Joint injections |
| Post Spinal Cord Injury | Post Amputation |
| Post traumatic brain injury | Prosthesis |
| Management of joint pain | EMG |
| Management of neuropathic pain | Other: |

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| Referring Physician Details: |
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