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**TAPMI Outpatient Specialist Referral Form S**  
**Version Date: 8 September 2020**

Interpreter required:

yes no

Date: \_\_\_\_\_

Place Patient Contact Information Here

DOB \_\_\_\_\_ Gender \_\_\_\_\_

Referring Staff Provider: \_\_\_\_\_

Billing Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Referring Site: SHS SMH UHN WCH Other

Referring Specialty: \_\_\_\_\_

Primary Care Provider Name (if known): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

Please attach (select one):

- Most recent clinic visit (consult) note - or -
- This referral is within UHN-documents in EPR (Electronic Patient Record) - or -
- Note can be found in Connecting Ontario

**Diagnosis:** \_\_\_\_\_ **Body Location:** \_\_\_\_\_

STarT Back/MSK Score (for MSK patients only): \_\_\_\_\_/10

Direct this referral to this specific provider or partner site: \_\_\_\_\_

This case has already been discussed with this specific provider

**Reason for referral (check one or more options or specify needs in writing):**

Options:

Diagnostic/Interventional Pain Management

Indicate requested block: \_\_\_\_\_

Pre-operative Pain Management

Post-operative Chronic Pain Management

Post-operative Opioid Weaning

Date of surgery (if known): \_\_\_\_\_

Myofascial Pain

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*In communication with the referring physician, TAPMI may triage patients to alternate providers.*

**Fax referral to TAPMI Central Intake at 416-323-2666**