



## **Thank you for your interest in NeuPath Centre For Pain & Spine.**

At NeuPath Centre for Pain & Spine, we provide comprehensive multi- disciplinary care for those living with chronic pain. With over 15 years of experience, we know the value of partnering with diverse health care specialties to optimize positive patient outcomes.

NeuPath offers in-depth assessment and treatment of patients' chronic pain needs by incorporating interventional procedures, possible medication optimization and CBT techniques. Through this, our goal is to develop a patient centered program with a positive impact on our patient's quality of life.

NeuPath is a trusted community partner in chronic pain care in the field with over 84,000 patient visits per year treating a variety of chronic pain conditions.

We look forward to collaborating with patients and health care providers to treat chronic at one of our 12 conveniently located clinics across Ontario.

We have provided our referral form below which can be discussed with your care provider.

Or, if you are ready to visit us today, please complete our **Online Self-Assessment** form:  
[www.neupath.com/rapid-access](http://www.neupath.com/rapid-access)

We look forward to empowering you to live your best life.  
If you have any questions, please contact us.

Sincerely,  
The NeuPath Health Team

**P:** 905.842.7051

**F:** 289.351.3027

[www.neupath.com](http://www.neupath.com)

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FAX REFERRALS TO 1-877-883-3301 CALL TOLL FREE 1-800-265-3429 ext 1022

**neupath.com**

**Health Care Provider Information:  
Name, Address & Phone number**

**Patient Contact Information:  
For Patient Label**

**Expertise:**

Physician  Dentist  Physiotherapist  Chiropractor  Osteopath  Other \_\_\_\_\_

**Please select the preferred clinic location for your patient:**

Toronto  Mississauga  Brampton  Scarborough  Oakville  Oshawa  London  Ottawa  Hamilton

Primary Pain Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

Length of pain complaint: \_\_\_\_\_ Is the patient on blood thinners? Y  N

**To expedite the referral please ensure the following is attached (if available):**

- Patient's Medical History
- Relevant imaging/consultation/operative reports
- List of current medications

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_