

PRE-SCREEN FOR REFERRALS TO DR. GORDON KO

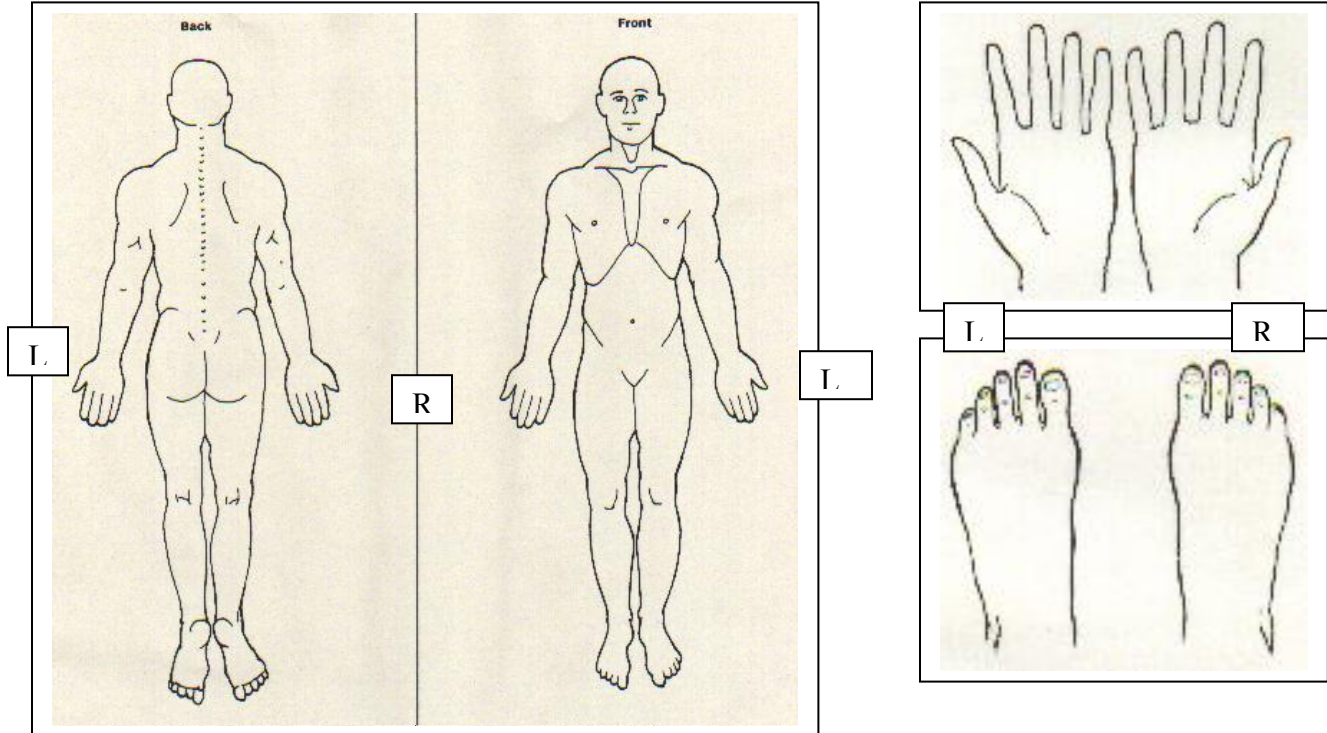
INSTRUCTIONS: By completing this questionnaire, you will likely be able to see Dr. Ko faster than the usual waiting time of 9 months. It would help his staff fit you into the most appropriate clinic.

PLEASE COMPLETE THE FOLLOWING QUESTIONS AND PRINT CLEARLY:

1. Your name: _____ Daytime telephone#: _____

2. Draw where you have your symptoms that you need treatment:

Use the following symbols: xxx PAIN 000 NUMBNESS zzz PINS & NEEDLES



In the painful area, check if you have: Burning Pain worse with Cold Electric shocks Itching
 Tingling Weakness Skin colour changes Swelling Anxiety ___/10 Depression ___/10

3. Did your symptoms develop after an accident or illness? No Yes: Date of onset: _____

3b. If Yes, are there ongoing **medicolegal issues**? Worker's compensation Motor vehicle accident
 Personal injury claim Disability claim Other: _____
 There are NO medicolegal issues (no third party insurance or lawyer involved)

3c. Is your medicolegal claim still active (i.e. getting medication and physio covered)?: No Yes

4. Do you have **extended health care** benefits? No Yes: name of insurer: _____

5. Your age: ___ yrs. Smoking? No Yes Alcohol? No Yes: # drinks? ___/day and ___/week
 Used marijuana/ street drugs this past year? No Yes Personal /family history of addiction? No Yes

Current medications (please list):

6. I would be interested in seeing Dr. Ko for:

- Platelet-rich Plasma injections**/ Prolotherapy (as recommended by my physio/DC: _____)
- Ultrasound-guided joint injections for osteoarthritis of: _____
- Botox injections** for: chronic pain migraine fibromyalgia cervical dystonia spasticity
 neuropathic pain excessive sweating wrinkles, frown lines (cosmetic clinic with Dr.Hum)
- Integrative Functional Medicine** (science-based nutrition, bioidentical HRT) with naturopathic doctor
 Dr. Jacob Teitelbaum MD (From Fatigued to Fantastic) Rx Dr. St.Amand MD Guafenesin Rx
- EMG/ nerve conduction studies Quantitative Sensory Testing (QST) for neuropathic pain
- Independent medical legal exam** Other: _____

Upon completion, please **FAX to Jean at: 905 471-4348**. Note that a faxed referral letter from your doctor (MD) + lab / x-ray results are required before an appointment will be made (except the cosmetic clinic).