MINDS
Mississauga Institute of Neurological Disorders and Stroke

Unit #9, 2145 Dunwin Drive
Mississauga, Ontario L5L 4L9

Phone: (905) 896-3000
Fax: (905) 896-8906
Website: www.mindsneurology.com

TREATMENT REQUISITION FORM

PATIENT INFORMATION		
Last Name:	First Name:	Gender: ☐ Male ☐ Female
Date of Birth (DD/MM/YYYY):	Home #:	Cell #:
Health Card #:	☐ OHIP ☐ Private Pay ☐ Motor Vehicle Accident ☐ Private Medical Insurance	

TREATMENTS	INDICATIONS
☐ **Neuro-physiotherapy***	☐ mTBI/concussion ☐ Vestibular/balance ☐ Neck/back pain (radiculopathy) ☐ Parkinson's disease ☐ Post-stroke rehabilitation ☐ Others: _____
☐ **TMS (Transcranial Magnetic Stimulation)***	☐ Major depressive disorder ☐ mTBI/TBI-related headaches ☐ Post-concussion syndrome ☐ Refractory migraine ☐ Functional neurological disorders ☐ Post-stroke upper extremity weakness ☐ Refractory tinnitus
☐ **BOTOX (Botulinum toxin injection)***	☐ Chronic migraine ☐ Chronic post-concussive headache
☐ **Minor Nerve Blocks**	☐ Median nerve block (carpal tunnel syndrome) ☐ Occipital nerve block ± cervical trigger point injection ☐ Platelet-rich plasma for diabetic neuropathic pain*

***not covered by OHIP**

REFERRING PHYSICIAN INFORMATION	
Name:	Billing Number:
Phone:	Fax:
Copies to:	