

Neurosurgeon specialist accepting referrals for frequent migraines in the Calgary Area

Dear Physician,

Migralogica has opened it's doors on 8th Ave NW, inside Caleo Health!

The new facility has increased our capacity to accept referrals for Chronic Migraineurs (experiencing ≥ 15 headache days/month with ≥ 8 being migrainous) who are willing to undergo BOTOX™ treatment. I've implemented a priority referral system to help minimize wait times for patients amenable to BOTOX™ treatment. Patients who should be considered for BOTOX™ treatment are those on existing prophylaxis and/or daily medication to prevent headaches.

Migralogica does not charge patients an assessment or injection fee and BOTOX™ is covered by most insurance plans since receiving Health Canada approval in 2011 for the prophylaxis of Chronic Migraine.

Please phone or fax to refer and please include a referral form completed by physician and patient.

PH: 403-452-6876

FAX: 403-984-5469 or 403-452-0995 (Secondary)

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Dr. Deon Louw
MB ChB FRCSC

Referring Physician Information (Please Print)			
Name:		PRACID #:	
Address:		Phone:	
		Fax:	
Physician Signature:			
BOTOX FOR CHRONIC MIGRAINE		BOTOX FOR TMJ DYSFUNCTION	

Patient Information

Name: _____	DOB (DD/MM/YYYY): _____
Address: _____	Daytime Phone #: _____
Health Card #: _____	(or attach label with patient information)
Is your headache the result of a motor vehicle accident (MVA)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have an active WCB or legal claim for this headache condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many days in the past month were you completely headache-free? i.e. crystal-clear days: _____	
Have you seen a neurologist/headache specialist? YES <input type="checkbox"/> NO <input type="checkbox"/>	
When you have headache, what symptoms do you have (check all that apply)?	
One side of your head <input type="checkbox"/> Both sides of your head <input type="checkbox"/> Pulsating/Throbbing <input type="checkbox"/> Light sensitivity <input type="checkbox"/>	
Moderate to Severe Pain <input type="checkbox"/> Aggravated by / causing you to avoid physical activity <input type="checkbox"/> Nausea and / or vomiting <input type="checkbox"/>	
Do you have difficulty swallowing? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you been diagnosed with Myasthenia Gravis or GBS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What over-the-counter and prescription medications are you currently taking for headache?	
Have you taken any of the following medications (select all that apply):	
Amitriptyline <input type="checkbox"/> Topiramate <input type="checkbox"/> Propranolol <input type="checkbox"/> Candesartan <input type="checkbox"/> Gabapentin <input type="checkbox"/> BOTOX <input type="checkbox"/>	