

NANAIMO MIGRAINE BOTOX REFERRAL FORM

Dr. M. Toom BSc MD CCFP(EM)

Dr. Toom is certified in emergency medicine and has also completed additional training in botulinum toxin injection for chronic migraine.

Address: Unit 401 – 1515 Dufferin Crescent
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PATIENT INFORMATION

FIRST NAME _____
LAST NAME _____
ADDRESS _____
PROVINCE _____ POSTAL _____
PHN _____ DOB _____
PHONE 1 _____
PHONE 2 _____

☐ **BOTULINUM TOXIN (BOTOX) FOR CHRONIC MIGRAINE**

Injection of 150-200 units of botulinum toxin (onabotulinumtoxinA) to 31-39 anatomical sites in the face, head and neck, every 12 weeks, as per PREEMPT injection protocol. Lidocaine trigger point injections are co-administered where appropriate for patients with a component of myofascial pain or tension headache.

PLEASE CONFIRM ALL OF THE FOLLOWING:

- ☐ **Chronic migraine (migraine with ≥ 15 headache days/month and ≥ 8 migraine days/month) is the working or formal diagnosis** (necessary for insurance coverage for cost of botulinum toxin). Patients not meeting diagnostic criteria may still be candidates on case-by-case basis (private pay).
- ☐ **Referring provider is aware this referral is only to assess candidacy and/or to administer botulinum toxin injections in the setting of chronic migraine.** Referring provider is further aware that Dr. Toom is not a neurologist and does not provide general consultations for headache and that a neurology consultation is preferred but certainly not required prior to referral.
- ☐ **Referring provider has performed work-up to rule out secondary causes of headache, where appropriate.** In some cases, this may involve an MRI or neurologist referral (neither required).
- ☐ **Referring provider has counselled the patient that third-party insurance usually requires a trial of at least one migraine prevention medication** prior to their approving coverage for botulinum toxin. This has been discussed with the patient and attempted as appropriate.
- ☐ **All relevant records are attached.** This includes any insurance pre-authorization(s) for botulinum toxin (not required), a list of any past or current therapies used for migraine (required), any prior relevant diagnostic or confirmatory tests (CT/MRI) and/or neurology consultations.
- ☐ **Referring provider has counselled patient that botulinum toxin for chronic migraine is not covered by MSP.** Depending on third-party insurance coverage, patient may have full, partial or no coverage for the cost of the botulinum toxin. Trigger point injections are covered by MSP.
- ☐ **Patient aware of cost of \$6.00/unit for the botulinum toxin.** Cost of botulinum toxin is reimbursed by third-party insurance. No private injection fees charged for most patients, but a \$200.00 fee may apply depending on insurance coverage.

Physician's signature _____ Date _____

PLEASE FAX THIS REFERRAL TO (250) 900-1508