

CALGARY HEADACHE ASSESSMENT AND MANAGEMENT PROGRAM (CHAMP)



South Health Campus
Room 510043, 5th Floor
4448 Front Street SE
Calgary, Alberta T3M 1M4
Phone: 403-956-3543
Fax: 403-956-3497

CHAMP Education Referral Form – Fax to 403-956-3497

Patient Information

Date: _____

| | | |
|----------|-----|-------|
| Name | PHN | DOB |
| Address: | | Email |

Referring Physician Information

| | |
|-------------------------------|--------------------------------|
| Referring Physician Name: | CPSA/PRAC ID: |
| Referring Physician Signature | Referring clinic name and fax: |

Groups Available - please indicate which group(s) you would like your patient to attend.

Your patient will be placed on the waitlist. It is the patients' responsibility call and book in for the group(s) two weeks after you have sent referral. Referrals will be held for 1 year from referral date, then returned to you.

- ☐ Lifestyle Group
- ☐ Active Coping Strategies (A-D)
- ☐ Medication Group

NEUROLOGISTS

F. Amoozegar
L. J. Cooke
W.J. Davenport
P. Chitsantikul

FELLOWS

Nurse Practitioner
J. Kirker

NURSE

C. Diaper
K. Hayes

RESEARCH COORDINATOR

D. Biggs

CLERK

L. LeBlanc