|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name |  | Address |  |
| MRN |  | Phone Number |  |
| email |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referring Provider** | | **Family Medicine Provider** | |
| **Name** |  | **Name** |  |
| **Specialty** |  | **Location** |  |
| **Phone** |  | **Phone** |  |
| **Fax** |  | **Fax** |  |

|  |  |  |
| --- | --- | --- |
| Active WCB patient?  Veteran/RCMP/first responder?  Indigenous | | |
| **Reason for referral: Urgent**   If so why? | | |
| Emerging transitional pain condition (ETPC)\*  General Pain Consult  Empowered Relief Cognitive Therapy  Opioid/medication management  Intervention Specify | | |
| \*ETPC (*relatively uncomplicated medication profile, limited impairment and duration, but single treatment/therapies have been ineffective? Patient would benefit from an assessment, education, and possibly specialized treatment*) | | |
| **Duration of pain:**   3-12 months  1-3 yrs.  Greater than 3 yrs. | | |
| Has the patient previously been assessed and/or treated at a chronic pain clinic?  Yes  No | | Location |
| **Allergies/Sensitivities** |  | |
| **Special requirements/concerns/Other**: (hearing, visual or cognitive impaired, unable to read or speak English (state language), trauma history, refugee, sleep) | | |

**Diagnosis and Syndromes**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ Acute disc herniation  ☐ Back Pain  ☐ Cancer  ☐ Chronic Headache  ☐ Complex Regional Pain  Syndrome (CRPS)  ☐ Fibromyalgia/wide spread pain  ☐ Pain related to Cancer  ☐ Peripheral neuropathy  ☐ Radiculopathy neck or back  ☐ Other | | Investigations in last 2 yrs | **Report attached** | | **Forthcoming** | **Date** |  |
| X-rays |  | |  |  |  |
| MRI |  | |  |  |  |
| EMG |  | |  |  |  |
| Bone Scan |  | |  |  |  |
| CT |  | |  |  |  |
| Lab |  | |  |  |  |
| Other |  | |  |  |  |
| **Past Treatment History:** What treatment has been attempted for the most disabling diagnosis indicated? | | | | | | | |
| Alternative Treatment  Epidurals  Opioids  Surgery  Anticonvulsants  Exercise (yoga, Taiichi etc.)  OT/PT/Chiropractic  Sympathetic Block  Cannaboids  Infiltration  Pain Self-Management Program  Tricyclic Antidep.  Counseling  NSAIDS  Radio Frequency  Tigger Point Inject.  Other | | | | | | | |
| **Mental Health and Substance Use/Addiction** | | | | | | | |
| Substance Use Active  Substance Use Past Hx  Followed by Mental Health  Other | | | | | | | |
| **Medical History:** | No Issues  See attached | | | | | | |
| Autoimmune disease  Cancer  Cardiovascular Disease  Diabetes  Liver Failure  Lung Disease  Renal Disease  Other | | | | | | | |
| **Living Situation:** | | | | **Work History:** | | | |
| Alone  With family  With Partner  shelter  Supportive Housing/Care Facility  Other | | | | Currently Working  Return to work program  Not working due to pain  Student  Retired | | | |

I understand that incomplete referrals will be returned. The Chronic Pain Clinic triages referrals according to our predetermined criteria and is seen by the most appropriate provider(s).

|  |  |  |
| --- | --- | --- |
| Referring Physician/NP phone | Signature | Date |
|  |  |  |