|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |  |  |