



Adult Chronic Pain Specialist Referral

Please print clearly

Place Patient Label Here

Mandatory Data Required for Processing Referral *(Missing or incomplete information will delay processing)*

Client name and demographics

Family physician name

Reason for referral

Client Demographics

Name *(last)* _____ *(first)* _____

Street address _____ City _____ Postal Code _____

Home phone _____ Alternate phone _____

PHN _____ Gender M F Date of birth *(d / m / y)* _____ PRACTITIONER

Is this an active WCB patient? Yes No

Attach pertinent consultation and imaging reports that are NOT available on netCARE

(e.g., previous pain programming, relevant specialist consultations, x-ray, MRI, etc.)

Please indicate which statement best describes this patient:

- Emerging pain condition** — 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.
- Debilitating and complex pain** — and/or significant behavioural/emotional involvement; a complex medication profile and/or an addiction. Patient likely requires highly specialized medical intervention and/or multidisciplinary programming.

History of Present Condition *Patient currently displays the following due to pain:*

- Decreased physical conditioning
- Increased medical/health services utilization
- Disrupted sleep
- Significant activity restriction/reduced vocational abilities
- Significant mood disturbance e.g. anxiety, depression

What are the patient's key issues at present? _____

Adult Chronic Pain Specialist Referral – Continued**Diagnoses and Syndromes** *Mark (J) all diagnoses/syndromes that apply and **circle** the most disabling at present*

- | | |
|--|--|
| <input type="checkbox"/> Low Back Pain <u>with</u> radiculopathy | <input type="checkbox"/> <u>Emerging</u> Complex Regional Pain Syndrome |
| <input type="checkbox"/> Low Back Pain <u>without</u> radiculopathy | <input type="checkbox"/> <u>Established</u> Complex Regional Pain Syndrome |
| <input type="checkbox"/> Herpetic Neuralgia | <input type="checkbox"/> Arthritis (osteoarthritis, rheumatoid arthritis) |
| <input type="checkbox"/> Temporomandibular joint dysfunction/pain | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Spondyloarthropathies (i.e. ankylosing spondylitis) | <input type="checkbox"/> Neck pain |
| <input type="checkbox"/> Myofascial pain syndrome | <input type="checkbox"/> Shoulder pain |
| <input type="checkbox"/> Peripheral neuropathy | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Other _____ |

How long has this patient been in pain? less than 3 months 3 to 6 months 6 to 12 months more than 1 year

Past Treatment History

What treatment strategies have been attempted for the most disabling diagnosis circled above?

- Single modality rehabilitation (treatment)