

Chronic Pain Referral for Assessment

Please note patients referred early after pain onset, have much higher chance of improvement.

Also NOTE that:

- We **do not** prescribe medical cannabis though we may refer our patients to cannabis clinics if there is proper indication.
- We **do not** see patients with severe or untreated psychopathology.
- We **do not** take over your patients' opioid prescribing.
- We reserve the right to **decline** referrals of patients that we think we are unable to help.
- We are **not** an Interventional/block clinic. The only injections we can provide are soft tissue and knee/ shoulder injections.
- Manual/Exercise Therapy, Psychological Therapy, Mindfulness, Massage & Naturopathic services are not covered by OHIP, and are paid by **extended health or privately**.
- Please avoid sending hand-written notes as they are difficult to read.

ESSENTIAL INFORMATION: *Please fill all fields on both pages*

Patient Information:

Name of Patient: _____ HCN: _____

DOB: (DD/MM/YYYY): _____ Sex of Patient: _____

Full Mailing Address: _____

Patient Phone Number(s): _____

Does Patient Speak English? Minimal Fair Good/Fluent

Is Patient Treated Currently By Another Pain Facility? Yes No

Is Patient Currently On Disability? Yes (WSIB, car insurance, STD/LTD, CPP, other) No

Referring Provider Information:

Name of Referring Provider: _____

OHIP Provider Number: _____

Phone Number of Referring Provider: _____

Fax Number of Referring Provider: _____

Mailing Address of Referring Provider: _____

Provisional Diagnosis (check ALL that apply):

- Chronic Widespread Pain
- Low Back Pain
- Other MSK Problem (Specify in Comments)
- Neuropathic Pain (Specify in Comments)
- Headaches (Specify in Comments)
- OTHER (Specify in Comments)

Comments

Most Important Pain Problem (Specify):

Comments

Is Pain The Result Of Any Of The Following? (check ALL that apply)

- Car Accident
- Work Injury
- Slip & Fall
- Disease Process (Specify in Comments)
- OTHER (Specify in Comments)

Comments

Report Important Medications:

(Include: Medications, Dose Present & Past)

Comments

Must Include Reports:

- Cumulative patient profile/ CPP or comprehensive medical AND in particular PSYCHIATRIC history.
- CONSULTATIONS (Relevant to pain problem.
- X-rays, CAT, MRI, EMG/NCT, Bone scan, Ultrasound SPECIFIC TO CHIEF COMPLAINT.

****If referral is accepted, the patient will be notified within 2 weeks with appointment **
Incomplete referrals missing requested information will be returned to your office**