

REGIONAL OUTPATIENT PAIN MANAGEMENT PROGRAM – REFERRAL FORM

Please choose one only: Royal Jubilee Hospital Site Fax# 250.519.1837

Nanaimo Regional General Hospital Site Fax# 250.739-5989

- Interventionalist will treat only one area of pain per referral. **Please DO NOT refer to more than one Pain Specialist!**
- New referral must be submitted for each diagnosis.

**** Important: See Page 2 for Inclusion & Exclusion Criteria. ****

Date: _____ **New Patient** **Re-referral**

Patient Name: _____ (Please Print clearly or attach label)
Surname Given Name Middle

Address: _____

Date of Birth: _____ (dd/mm/yyyy) **PHN (Personal Health Number):** _____

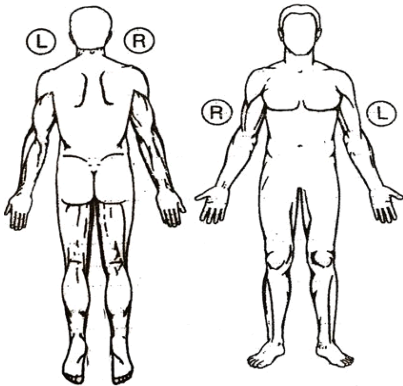
Daytime Phone: _____ **Cell Phone:** _____ **E-mail Address:** _____

Referring Physician: _____ **MSP#:** _____ **Phone:** _____ **Fax:** _____
Please Print Name

Primary Care Physician: YES: _____ **MSP#:** _____ **Phone:** _____ **Fax:** _____
Please Print Name

NO: _____ **Phone:** _____ **Fax:** _____
Please identify name of Walk-In Clinic patient attends. (Patient must attend ONE CLINIC ONLY.)

AREA OF PAIN FOR TREATMENT (CIRCLE ONE ONLY!)



1. Is the patient for Group Programs / Education only? (No diagnostics needed.) Y / N

2. When did pain* first begin? _____
(*i.e. duration or date of injury – IMPORTANT!)

3. Active 3rd Party patient? Y / N
 WCB ICBC Other _____

Claim # _____
 Is any legal action pending related to the pain problem? Y / N

Pain Description: _____

An incomplete referral will not be processed and will be returned by fax and then shredded.

PLEASE ANSWER <u>ALL</u> THE FOLLOWING QUESTIONS.	Y	N	5. Is this patient able to participate in a light-moderate exercise program in pool or gym settings?	Y	N
1. Is the patient scheduled for surgery related to the pain problem or received an injection related to the pain problem?			6. Is the patient aware of and agreeable to this referral and willing to undergo interventional treatment if applicable?		
2. Have appropriate diagnostic tests been done? (See Diagnostic Tests below.)			7. Is the patient working? If Yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> At home (e.g. with children)		
3. Does the patient have poorly controlled psychopathology* (psychosis, suicidal etc.)? See exclusion criteria on Page 2.			8. If #7 is "NO", did they stop because of this pain? How long ago did they stop working? _____		
4. Does the patient have untreated/ongoing substance abuse/addiction?			9. Does the patient have a significant communicable disease (Hepatitis, HIV, TB, etc.)?		

DIAGNOSTIC TESTS <small>(Tests must be completed prior to accepting referral.)</small>	Tests required	How Recent	Attached	EHR	FOR OFFICE USE ONLY
1. All spinal pain	Plain X-Ray and CBC	< 12 months			
2. All patients over 60 years old with chronic spinal pain	Nuclear med bone scan of pain area	<ul style="list-style-type: none"> < 12 months Following onset of pain or change in symptoms 			
3. History of a significant malignancy, indolent infection, or immunosuppression	Nuclear med bone scan of pain area	< 6 months			
4. Radicular pain radiating down a limb	CT or MRI New scan required if pt. has had surgery for problem but pain persists.	<ul style="list-style-type: none"> Following onset of pain or change in symptoms Scan may be > 18 mos. if <u>symptoms unchanged & pt. has not had surgery.</u> 			
5. All patients referred for Chronic Headaches	CT or MRI head X-ray Cervical spine Neurological Assessment *	< 12 months for all * Please include Neurologist consult with referral.			

PLEASE ATTACH TO COMPLETE REFERRAL AND FAX TO NUMBER ABOVE:

1. Complete current medication list including Coumadin, Plavix, ASA, Opiates, and any known over-the-counter meds
2. All pertinent scans (CT, MRI, X-ray, and bone scans) unless indicated that they are on PowerChart
3. All pertinent consults from other physicians including surgical reports

Thank you, Pain Management Team

PROGRAM DESCRIPTION:

- ◆ This is an Interdisciplinary Pain Management Program for clients requiring treatment of severe pain, unresponsive to conventional treatment.
- ◆ Literature supports education for patients with chronic pain. All patients should participate in an introductory program orientation.
- ◆ Disciplines specific to pain management include:
 - ◇ Anesthesiologists trained in interventional pain management techniques
 - ◇ ENT Pain Specialist
 - ◇ Neurology
 - ◇ Pharmacy
 - ◇ Psychiatry
 - ◇ Psychology
 - ◇ Physiotherapy
 - ◇ Occupational therapy
 - ◇ Nursing
 - ◇ Social Work
- ◆ Consults/visits can include individualized appointments and/or group sessions.

See program website links “For Health Professionals” and “Links and Resources” for valuable pain management information.

INCLUSION GUIDELINES:

- ◆ Patient must have a family physician or a regular walk-in clinic that will provide follow up care and medication renewal.
- ◆ Patient is unresponsive to conventional treatment.
- ◆ All appropriate initial investigations have been performed.
- ◆ Physician(s) agree to participate with suggested regimen of therapy.
- ◆ Patient and/or caregiver are cognitively capable and willing to participate with suggested regimen of therapy.

EXCLUSION GUIDELINES:

- ◆ Patient has an orthopedic condition and is awaiting surgical intervention.
- ◆ Patient is hemodynamically unstable or suffers from other medical conditions requiring inpatient care and monitoring.
- ◆ Patient has an ongoing infection source without appropriate antimicrobial therapy.
- ◆ Patient has an infection that constitutes significant hazard to medical personnel and other patients.
- ◆ Patient has an untreated/uncontrolled addiction to controlled substances.
- ◆ Patient has an uncontrolled mental illness, leaving them unable to comply with pain management regimen.

PAIN PROGRAM WEBSITE:

http://www.viha.ca/pain_program

PAIN PROGRAM EMAIL ADDRESSES:

RJHPainClinic@viha.ca
NRGHPainClinic@viha.ca } For general inquiries only.
NO URGENT CONCERNS PLEASE.

PAIN PROGRAM CONTACT NUMBERS:

RJH Clinical Site, Memorial Pavilion:	Tel: (250) 519-1836
	Fax: (250) 519-1837
NRGH Clinical Site:	Tel: (250) 739-5978
	Fax: (250) 739-5989

CHRONIC PAIN COMMUNITY SUPPORT SERVICE:

Comox Valley Nursing Centre:	Tel: (250) 331-8502
	Fax: (250) 331-8503

WHEN POSSIBLE, PLEASE SEND REFERRALS THROUGH INTER-HOSPITAL MAIL.

**Please tell patients NOT to call the Pain Program.
 We will contact them when they have been approved through the referral process.**

THANK YOU FOR YOUR CONTINUED SUPPORT.