



OUTPATIENT PAIN MANAGEMENT REFERRAL

RJH (Duncan & Southward, Gulf Islands) NRGH (North of Duncan)

PATIENT INFORMATION			SEND RESULTS TO	
Last name			Ordering practitioner	
First name			MSP # <input type="checkbox"/> Locum	
Date of birth (YYYY/MM/DD)			Clinic Name STAMP HERE Street Address Phone Fax	
PHN				
Primary contact number				
Special instructions				
Email (optional)			Primary care provider	
Street address			<input type="checkbox"/> Same as ordering practitioner	
City	Prov	Postal Code	Copy to (full name)	
<input type="checkbox"/> New Patient <input type="checkbox"/> Re-Referral - seen by Dr.			Referred from <input type="checkbox"/> Primary care <input type="checkbox"/> Specialist:	

REFERRAL INFORMATION Used to direct patient to the appropriate physician

Reason for Referral

For self-management programs only (diagnostics not needed) Pain Specialist Both

Active 3rd party patient? WCB ICBC Other Surgery or injections for pain planned or ongoing?
 Claim Number: _____ Please describe:

Smoking: Tobacco Other None

CLINICAL PATIENT INFORMATION

Indicate the primary pain area for treatment	Please indicate if evidence of:	Optional information
Duration of the Pain	<input type="checkbox"/> Ischemia	Presumed diagnosis:
<input type="checkbox"/> < 3 months <input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> Complex Regional Pain Syndrome (CRPS)	Past Medical History <input type="checkbox"/> See attached
<input type="checkbox"/> 6 to 12 months <input type="checkbox"/> > 1 year	<input type="checkbox"/> Malignancy	Current Medications <input type="checkbox"/> See attached
	<input type="checkbox"/> Increasing radicular pain (<6 weeks)	

Mental health or Substance use history No concerns Treated & stable Condition not stabilized (please attach supporting documents)

DIAGNOSTIC TESTS Tests must be current within 12 months (Bone Scans within 6 months) Pain Program Physician may order additional imaging.

Spine pain	X-Ray if patient has had surgery/trauma	Attached	Power Chart	Pending	For Office Use
Radicular pain, Previous spine surgery,	CT or MRI of spine area at onset or change in radicular symptoms				
Chronic headaches – *Please include Neurologist consult	CT or MRI head, Xray Cervical Spine				
Hx of significant malignancy, Indolent infection or immunosuppression	Bone scan, CBC				

ROUTING

RJH Phone: 250-519-1836 Fax: 250-519-1837	NRGH Phone: 250-739-5978 Fax: 250-739-5989	Date of Referral (YYYY/MM/DD)	Total # of pages faxed
Clinic will acknowledge receipt of this referral with separate fax.		Clinic will inform patient of appointment	

PROGRAM DESCRIPTION:

For a more detailed description click here or visit:

<https://www.islandhealth.ca/our-services/ambulatory-services/pain-management-services>

- This is an Interdisciplinary Pain Management Program for patients with severe pain that is unresponsive to conventional treatment.
- All patients, with few exceptions, will receive a program orientation and chronic pain education session as part of their first visit. The education session is valuable as it leads patients towards a better understanding of their condition and sets the foundation for long-term self-management. Please inform your patients of the orientation.
- Patients must have a GP available to them for regular follow up. This clinic is a tertiary referral program and cannot take over continuous care for patients. We will provide recommendations for a treatment program to be carried out in the community and will offer additional resources available through the pain program.

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.
- ◆ Patient and/or caregiver are cognitively capable and willing to participate with suggested regimen of therapy.
- ◆ Pelvic Pain may be treated with groups or referred to BC Women's and Childrens

EXCLUSION GUIDELINES:

We would like all patients to receive the best possible care and we are unfortunately not the best option for patients with any of the following:

- ◆ Acute Pain
- ◆ Acute Infection
- ◆ Unstable medical comorbidity
- ◆ Unstable psychiatric comorbidity
- ◆ Active substance abuse

Note that the following conditions will be treated through our self-management, education, rehabilitation, psychology and lifestyle modification programs as we know these to be superior regarding outcomes. It would be helpful if you communicated this to your patient to set appropriate expectations.

- Fibromyalgia
- Whole Body Pain

PAIN PROGRAM WEBSITE: <https://www.islandhealth.ca/our-services/ambulatory-services/pain-management-services>

Chronic Pain Community Support Service: Comox Valley Nursing Centre: Tel: (250) 331-8502 Fax: (250) 331-8503

Interventional and Self-Management Programs: Nanaimo Regional General Hospital: Tel: (250) 739-5978 Fax: (250) 739-5989

Royal Jubilee Hospital: Tel: (250) 519-1836 Fax: (250) 519-1837

**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.