



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)			STAMP			
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 <i>Used to direct patient to the appropriate physician</i>						
Reason for referral						
Active 3 rd party patient? <input type="checkbox"/> WCB <input type="checkbox"/> ICBC <input type="checkbox"/> DND <input type="checkbox"/> Other			Surgery or injections for pain planned or ongoing?			
Claim Number:			Please describe:			
Mental health or Substance use history <input type="checkbox"/> No concerns <input type="checkbox"/> Treated & stable <input type="checkbox"/> Condition not stabilized (please attach supporting documents)						
CLINICAL PATIENT INFORMATION - see algorithm on p.2 or Pathwaysbc						
Indicate the primary pain area for treatment		Please indicate if evidence of:			Presumed diagnosis:	
Duration of the Pain		<input type="checkbox"/> Ischemia <input type="checkbox"/> Complex Regional Pain Syndrome (CRPS) <input type="checkbox"/> Malignancy <input type="checkbox"/> Increasing radicular pain with failed conservative treatment beyond 2 months			Past Medical History <input type="checkbox"/> See attached	
<input type="checkbox"/> < 3 months <input type="checkbox"/> 3 to 6 months					Current Medications <input type="checkbox"/> See attached	
<input type="checkbox"/> 6 to 12 months <input type="checkbox"/> > 1 year						
DIAGNOSTIC TESTS and CONSULTATIONS <i>Tests must be current within 12 months. Additional investigations may be required.</i>						
Pain along spine (w/o radiation)	X-Ray if patient has had surgery/trauma	Attached	Power Chart	Pending	For Office Use	
Radicular pain, Neurogenic claudication	CT or MRI of spine after symptom onset or change. Applicable surgical consults					
Chronic headaches	CT or MRI head, Xray Cervical Spine. Include neurologist consult					
Hx of significant malignancy, infection or immunosuppression	Bone scan and CT or MRI (within 6 months)					
CRPS	Workup: acute and chronic causes of limb pain, swelling, dysesthesia. Surgical consult					
Total Body Pain	Workup: thyroid, diabetes, renal/hepatic, HIV, vitamin deficiency. Rheumatologic consult					
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
- ◆ Patient must be able to partake in light and medium pool or land based exercise.
- ◆ **Note:** fibromyalgia and whole body pain will be treated through our self- management program.

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

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.