

REFERRAL FORM

Please Note Patients without Valid Alberta Health Care numbers, those with Active WCB claims, and those with cancer pain, will not be seen at the Chronic Pain Centre.

Inclusion Criteria

- Patient has had the pain problem for 6 months or longer **except patients with Complex Regional Pain Syndrome, acute sciatica, or new onset herpetic neuralgia -- these patients will be seen expedited basis**
- Must have a family doctor prepared to work closely with the treatment team and provide follow-up
- Must be cognitively capable of participating in assessment and treatment
- Must be in stable medical condition
- Must not have a mental health condition that would preclude participation in assessment and treatment
- Must not have a major opioid addiction
- Must be 18 years of age or older

*All referrals will be assessed on a case by case basis with primary consideration being given to the above criteria

1. Patient Name: _____
 PHN: _____
 D.O.B.: _____ M F
 Address: _____

 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Alternate Contact: _____

2. Referring MD: _____
 PRAC ID: _____
 Address: _____

 Phone: _____ Fax: _____
 Private Line: _____

If different from above, please complete:

Family MD: _____
 PRAC ID: _____
 Address: _____

 Phone: _____ Fax: _____
 Private Line: _____

3. Check the Appropriate Box(es):

- Musculoskeletal (MSK) Pain
- CRPS* or other neuropathic pain
- Other Chronic Pain Problem
- Chronic Daily Headache
- Chronic Vulvar Pain**
- Chronic Pelvic Pain**

***Complex Regional Pain Syndrome**

(also known as RSD), will be expedited if onset < 2 years ago. Symptoms include: Color changes, sweating, sensitivity and swelling in extremity.

**Must have gynecological consult prior to referral.

A written consult letter providing the requested information will be acceptable providing all essential demographics are provided. Please attach all relevant Diagnostic Imaging and consult letters.

4. Primary site and duration of pain:

5. Current treatment for pain: (Please attach relevant consults and DI)

6. Past treatments, including surgeries, tried for pain: (Please attach relevant consults and DI)

7. Concurrent medical problems: (Please attach relevant consults)

8. Concurrent or past psychological or psychiatric problems: (Please attach relevant consults)

9. How do you think we can help with the management of your patient?
