

**PAIN MANAGEMENT PROGRAM REFERRAL**

Our multidisciplinary program supports and focuses on chronic pain self-management by helping patients identify and address treatment challenges with the expectation that ongoing care will transition back to primary care. We ask that the patient's primary care provider be included in the referral process so they are aware of the consult and can add any relevant information; please forward this form for their review and co-signature prior to submission. All new patients are also required to attend a Pain Management Orientation Session (Pain 101), which introduces the clinic model and helps set appropriate expectations regarding available services.

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>• Signed Physician/Nurse Practitioner agreement</li> <li>• Imaging Studies (see footnotes)</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Cancer Pain</li> <li>• Primary Fibromyalgia (see footnotes)</li> <li>• Consults for IV infusion therapy</li> </ul>

Patient Demographics and Physician Information	
<p>Please affix a label here (or complete information below)</p> <p>Patient Name: _____</p> <p>Health Card #: _____</p> <p>Date of Birth: _____</p> <p>Address: _____</p> <p>Telephone No.: _____</p> <p>Email: _____</p> <p>Is a language interpreter required? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Language: _____</p> <p>Visual, Hearing, or Speech impairment: _____</p>	<p><b>Referring Health Provider</b> (if different than primary care provider, please forward referral to the GP/NP, as above)</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p><b>Primary Healthcare Provider:</b> _____</p> <p>Phone: _____</p> <p>Fax: _____</p>

**Reason for Referral — REQUIRED (free text):** State what you are asking our service to do and provide context (working diagnosis, duration/impact, diagnostic uncertainty). *Example:* "Neuropathic leg pain post-L4/5 discectomy x18 months; plateaued with conservative care. Request assessment for interventional options and self-management support. Imaging enclosed."

**Prior Pain Management — REQUIRED (free text):** List all relevant prior pain treatments/interventions (medications tried and response, physiotherapy/Cognitive Behavioural Therapy, interventions) and indicate if the patient is currently followed by another pain clinic or has been seen at our clinic before. If available, please provide pain management documentation from the family health record/Electronic Medical Record/Cumulative Patient Profile.

Mental health concerns can impede pain management. Please consider reviewing medications and arranging referral to one of the services below in advance of pain consultation, if required.

- Pharmacotherapy
- Family Health Team Social worker
- Community counselling agency
- Employee Assistance Program / Private Therapist
- Referral to Canadian Mental Health Association, Mind Beacon, Bounce Back
- Ontario Structured Psychotherapy Program

**Physician/Nurse Practitioner Agreement  
(Must be completed for the referral to be processed)**

One of our acceptance criteria is that the patient’s primary care provider remains actively involved in their management. Our role is to provide a comprehensive assessment, develop a treatment plan, and in selected cases initiate and monitor therapy. When the patient has been medically optimized and completed our programming, care will transition back to primary care — including ongoing prescribing of opioids and/or oral cannabinoids where appropriate. Following discharge, we remain available for phone support as needed and for re-consultation if the clinical picture changes.

*By signing below, you acknowledge responsibility for ongoing care after discharge, including opioid or cannabinoid prescribing when indicated.*

\_\_\_\_\_  
Physician/Nurse Practitioner

\_\_\_\_\_  
Date

**Footnotes**

**Imaging Studies:** Advanced imaging (MRI/CT) is not required to request interventional procedures. However, it should be obtained when it would affect diagnosis, safety, or approach (e.g., prior surgery, diagnostic uncertainty) and may be requested before accepting the referral at the attending physician’s discretion.

**Primary Fibromyalgia:** Management of fibromyalgia is guided by the Canadian Fibromyalgia Treatment Guidelines.