St Joseph's Health Care London

Telephone: 519 646-6019
Fax: 519 646-6292

PAIN MANAGEMENT REFERRAL

Please note that all referrals must be completed on this form

The Pain Management Program of St. Joseph's Health Care London utilizes an interprofessional treatment service with an emphasis on building and supporting chronic pain self-management. Our goal is to develop a comprehensive treatment plan, work with our referring physicians to identify and address treatment challenges, and coordinate access to available community treatment resources and supports. Please provide us with as much information as possible and consider referrals to community agencies where appropriate to help us address potential treatment barriers. Please note that this referral form can only be submitted to our triage team once all required information on the form has been provided.

Patient Information and Reason for Referral

Please affix a label here (or complete information below)

Patient Name: _____

Health Card #: _____

Address: _____

Telephone Number: _____

Cell Phone: _____

- ☐ Interprofessional pain management (medical doctor, nursing, occupational/physiotherapy, pharmacist, psychologist, social work)
- ☐ Medication management suggestions
- ☐ Request for interventional pain management; Please specify: _____
- ☐ Urgent: Complex Regional Pain Syndrome < 6 months
- ☐ Urgent: Postherpetic neuralgia < 6 months
- ☐ Transition from pediatric to adult chronic pain program
- ☐ WSIB specialty clinic
- ☐ WSIB claim # _____

Family Physician	Referring Health Provider (if different from F.P.)
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
FHT / FHO? Name of team: _____	
Signature: _____	Signature: _____

Inclusion Criteria	Exclusion Criteria
• Patient has a primary care provider • Physician Agreement signed • Patient agrees to attend a Pain Management 101 session	• Orofacial pain • Headache; refer to John H. Kreeft Headache Clinic • Cancer pain • Primary Fibromyalgia: Canadian FMS Treatment Guidelines • Acute psychosis or manic state; CAP referral required (Pain Clinic social work will monitor CAP process & facilitate Pain Clinic involvement when appropriate) • Active substance use disorder / precontemplative; Please refer to Addiction Services Thames Valley

Clinical Information

_____

_____

_____

_____

Medical History
(Please attach any relevant reports and investigations)

- ☐ Legible history of pain problem / specialist consultation reports
- ☐ List of current medications and dosages
- ☐ Relevant investigations ☐ CT ☐ MRI ☐ X ray ☐ EMG
  *CT/MRI imaging is required if considering spine injections for axial or radicular pain unresponsive to non-interventional therapy

Previous Pain-related Assessments / Treatments

- ☐ Tricyclic antidepressants
- ☐ Duloxetine/Venlafaxine
- ☐ Gabapentin/Pregabalin
- ☐ Opioids
- ☐ Cannabinoids (including medical marijuana)
- ☐ Methadone/Suboxone
- ☐ Epidural/nerve root injection
- ☐ Trigger point injections
- ☐ Sympathetic blocks
- ☐ Peripheral nerve blocks
- ☐ Facet injections
- ☐ Radiofrequency ablation
- ☐ Intravenous infusions
- ☐ Surgery
- ☐ Community-based pain clinic
- ☐ Past SJHC Pain Clinic patient Name of physician_____
- ☐ Physiotherapy
- ☐ Occupational Therapy
- ☐ Psychologist
- ☐ Community chronic pain management group*

*If not, consider the Southwest Living a Healthy Life with Chronic Pain program or www.swselfmanagement.ca

Mental Health Concerns / Treatments

- ☐ None
- ☐ Depression
- ☐ Anxiety: GAD/PTSD/Panic / Pain-related
- ☐ Other: _____
- ☐ Symptoms poorly controlled *
- ☐ Symptoms are severe, will impede treatment*
- ☐ Pharmacotherapy
- ☐ Hospital-based mental health services CAP referral
- ☐ Community-based mental health services
- ☐ FHT Social worker
- ☐ Community counselling agency (Family Services Thames Valley, Daya)
- ☐ Employee Assistance Program / Private Therapist

*Please review medications and arrange referral to one of the services above.

Comorbid Conditions / Potential Treatment Barriers

- ☐ Active substance abuse disorder
- ☐ Past substance use disorder
- ☐ Brain injury
- ☐ Cognitive impairment (LD, developmental delay)
- ☐ Housing instability
- ☐ Poverty
- ☐ No medication coverage
- ☐ Language barrier (interpreter required) – Specify language:
- ☐ Visual/Hearing/Speech impairment
- ☐ Family planning/Pregnancy
- ☐ Treatment noncompliance
- ☐ Travel distance / cost
- ☐ Pending Litigation

Physician Agreement

Physicians in the Pain Management Program practice on a shared care model. One of our admission criteria is that family physicians play an active role in the treatment of their patients. We will provide assessment and a treatment plan for your patient's chronic pain problem. In some cases the treatment may be initiated by our clinic, however, once stabilized the patient will be returned to you for ongoing care. This includes ongoing pharmacotherapy that may include opioids and / or oral cannabinoids.

By signing this agreement, I confirm that I will prescribe medications if recommended for this patient that may include opioids and / or cannabinoids.

_____ _____

Family Physician Date