

EMAIL REFERRAL TO: procedures@change pain.ca

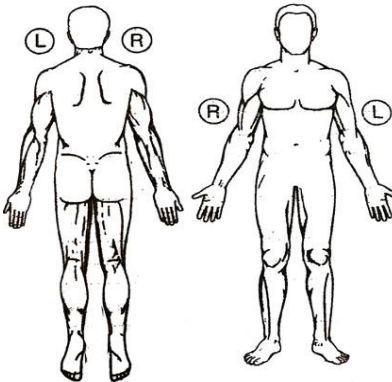
Referral Date (DD/MM/YY)	Referral Type		
	<input type="checkbox"/> New Referral	<input type="checkbox"/> Re-Referral (Patient had a direct procedure before at CHANGEpain Clinic)	<input type="checkbox"/> Urgent Referral (Please see the criteria for urgent referral on page 2.)

Important Instructions: We expect that all appropriate initial investigations have already been performed by the referring physician. If the information is missing, the referral will be **rejected**, and the patient will **not** be wait-listed. We will contact the patient directly to set up an appointment. Please **do not** instruct patients to call regarding their consult appointment.

	Name	MSP Billing #	Phone	Fax
Referring Practitioner or Physician				
Primary Care Physician				
Walk-In Clinic (In case there is no Primary Care Physician)				

Patient Information		*section must be completed	
Name*		Gender*	
DOB*		PHN#*	
Address*		City, Postal Code*	
Email Address*		Phone (Home)	
Phone (Work)		Phone (Cell) *	

Please Note: An incomplete referral will not be processed, and the patient will not be wait-listed

<p>AREA OF PAIN FOR TREATMENT</p>  <p>Pain Description:</p>	<ol style="list-style-type: none"> Reason for Referral (Please provide sufficient information for triage) What treatments have been tried already? * Required If an Active 3rd Party patient, please mark below. <input type="checkbox"/> WCB <input type="checkbox"/> ICBC <input type="checkbox"/> VAC <input type="checkbox"/> Other _____ Claim # _____ Is any legal action pending related to the pain problem? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Select the procedure(s) patient is referred for (Please Check the Box)

1. Ultrasound-Guided Injections	<input type="checkbox"/>	2. Lidocaine Infusion Therapy for Pain (Private Pay)	<input type="checkbox"/>
3. Ketamine Infusion Therapy for Pain (Private Pay)	<input type="checkbox"/>	4. Ketamine Infusion for Depression (Private Pay)	<input type="checkbox"/>
5. Regenerative Therapies (Private Pay)	<input type="checkbox"/>	6. Prolotherapy (Private Pay)	<input type="checkbox"/>
7. Botox Injection for Headache (Private Pay)	<input type="checkbox"/>		

Provide the details for the procedure referred for (E.g. site for injection, medication to be injected, etc.) *

Criteria for Urgent Referral: *(please check all applicable)*

- Medically stable Cancer patients requiring urgent procedures
- Urgent multidisciplinary team assessment (private pay only)
- Patients with < 3 months onset radicular pain (radiologically plus clinically abnormal findings)
- Complex regional pain syndrome or Reflex Sympathetic Dystrophy (RSD)
- Non-responsive Depression (ketamine infusion)
- Severe neuropathic pain (lidocaine or ketamine infusion therapy)

INCLUSION CRITERIA *(please check all applicable)*

- 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.
- Patient and/or caregiver are cognitively capable and willing to participate with suggested regimen of therapy.
- Patient is able to communicate in English or able to bring an interpreter to all the appointments
- Patient requires perioperative optimization (SPOC)
- Primary Care Physician agrees:
 - to participate with suggested regimen of therapy
 - to continue to be their primary care provider.

CHANGEpain does not take over primary care of the patient or ongoing medication prescriptions

 - To order appropriate initial investigations ruling out red flag conditions
 - To send completed results

EXCLUSION CRITERIA

Please note any patient with these conditions will sent back to the referring clinician for care.

- Patient is medically unstable requiring inpatient care and monitoring.
- Patient has an undertreated ongoing infection source.
- Patient has untreated/uncontrolled addiction to controlled substances or mental illness, leaving them unable to comply with pain management recommendations.

Please inform patients NOT to call the clinic.

We will contact them when they have been approved through the referral process.

Thank you for sharing the accurate and timely information as this expedites the referral process!

