

Patient's name Surname: _____ First: _____ Middle: _____			Date of birth	PHN
Address			Daytime phone	Alternate phone number
Referring physician	MSP number	Phone number	Fax number	

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 returned to the referring physician 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.

- Cancer
 Complex regional pain syndrome (CRPS)
 Chronic low back pain
 Headaches
 Neck pain

Pain assessment

Duration of pain and cause if known: _____

Location of pain including any referred pain: _____

Neurological findings (i.e., numbness/weakness/radicular features down arms or legs): _____

Is this pain related to: WCB ICBC Medical legal

Is the patient on any of the following blood thinners? (Check all that apply.)

- clopidogrel
 dabigantran
 heparin
 nadroparin
 rivoroxaban
 warfarin
 Other: _____

Please attach	Sent with referral			Please attach	Sent with referral		
	Yes	No	N/A		Yes	No	N/A
Current medication list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant bone scan results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant CT results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant consults/reports from other physicians/specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant MRI results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant x-ray results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fax completed referral and documents to 250-565-2106.
All incomplete referrals will not be processed and will be returned by fax.

