northern health
the northern way of caring

All Sites and Facilities

Regional Chronic Pain Clinic
Direct to Procedure Referral Form

For Office Use Only **Apt Date:** _____ **Apt Time:** _____

Patient Information

Name: _____ ☐ Male ☐ Female

Address: _____

City: _____ Province: _____ Postal Code: _____

PHN #: _____ Phone #: _____ Birthdate: _____

Medications: ☐ Coumadin ☐ Plavix ☐ Other Blood Thinner: _____

Allergies: ☐ Local Anesthetic ☐ Contrast Dye ☐ Other: _____

Site of Pain and Rationale for Referral (brief clinical history)

Site of Pain and Rationale for Referral (brief clinical history)

☐ Epidural steroid injection – for sciatica/leg pain:

- Specify Level: _____
- **Lumber radiculopathy** (in a dermatomal distribution) and CT/MRI after onset of radicular symptoms within 18 months
- Severe decline in function
- Failed 1 + therapies (e.g. physiotherapy, medications)
- **No current anticoagulation**

☐ Facet joint injection

Cervical: ☐ R ☐ L (Specify Levels): _____

Thoracic: ☐ R ☐ L (Specify Levels): _____

Lumbar: ☐ R ☐ L (Specify Levels): _____

☐ Selective Nerve Root Block

- ☐ With Steroid

Lumbar: ☐ R ☐ L (Specify Levels):

☐ Sympathetic Injection

☐ Peripheral Joint Injection

Referring Specialist (Neurosurgeon, Neurologist, Orthopedic Surgeon, Rheumatologist)

Name: _____

Signature: _____

Copies To: _____

MSP #: _____

Physician Phone #: _____

Criteria

Direct to Procedure (DTP) is a referral program that streamlines **requests for ONE time injections** at the Regional Chronic Pain Clinic at UHNBC. The goal is to receive the referral and schedule an injection within 8 weeks. The patient will follow-up with the referring provider ONLY. The pain physician will not follow up unless requested due to complications.

1. **Referrals must be non-emergent (> 3 weeks).** Requests for emergent procedures must be arranged through contact with the pain specialist by calling the Regional Chronic Pain Clinic at 250.565.2139
2. Candidates for DTP **must not** have had an injection in the same pain area with any other service in the last 3 months
3. **To receive ongoing interventional care, referrals should continue to be sent via the routine "UHNBC Pain Clinic Provider Referral Form"**

Physical Exam

In office physical completed ☐ Yes ☐ No

Height cm: _____ Weight kg: _____ BMI: _____ **(We cannot accommodate > 420 lbs/190 kgs)**

Please fax completed referral form to 250.565.2160