HÔPITAL Glengarry Memorial HOSPITAL

Interventional Pain Clinic Referral

Patient must have a Primary Care Provider prepared to be an active participant in his/her care and provide follow up. If you are the Primary Care Provider, please sign this form.
If you are not the PCP, please give this form to the patient to obtain appropriate signature.

PATIENT INFORMATION		
Last name (print):	First name (print):	Gender:
OHIP #	Date of Birth (yyyy/mm/dd)	
Address:	Home phone:	
	Work phone:	
	Cell phone:	

PHYSICIAN INFORMATION	
Referring Provider (print):	Billing #:
Address:	Phone:
	Fax:
Primary Care Provider (if different from above):	Billing #:
Address:	Phone:
	Fax:

PRIMARY SITE OF PAIN			
☐ Head	☐ Neck	☐ Upper limb	☐ Upper/mid back
☐ Chest	☐ Abdomen	☐ Pelvis	☐ Lower back
☐ Lower limb	☐ Genitals	☐ Rectal/Anal	
☐ Other (specify):			

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Provisional Diagnosis:

Date of onset of pain (yyyy/mm):

Was there an inciting event?

PREVIOUS TREATMENT STRATEGY

☐ Tylenol	☐ Tricyclic antidepressants	☐ Opiod
☐ Cannabinoid/Marijuana	☐ Gabapentin/Lyrica	☐ NSAID
☐ Massage Therapy	☐ Psychology	☐ Physiotherapy

Surgery:____

Nerve blocks: ____

Other: ____

Are you willing to prescribe opioids for this patient if recommended: ☐ Yes ☐ No
IF NO, please provide reason:

One of our admission criteria is that Primary Care Providers play an active role in the treatment of their patients. We will provide an assessment and a treatment plan for your patient's chronic pain problem. In some cases, treatment may be initiated by our Clinic, however, once stabilized, the patient will be returned to you for ongoing care, including pharmacotherapy, with our continued support. If in agreement, please sign this form and return to us.

Family Physician name (print)	Signature	Date (yyyy/mm/dd)

Only referrals containing a **detailed medical history, list of current medications and dosages, relevant reports and this completed 2-page form will be accepted**.

Requests for medicolegal purposes will not be accepted.

Please fax the completed referral package to **(613) 525-0147**