



Saskatchewan Health Authority

Primary Health Care Regina Chronic Pain Clinic Referral Form

1056 Albert St. Regina, SK S4R 2P8
P: 306-766-6370 | F: 306-766-7045

- * To be filled by referring health care provider.
- ** Please note: all patients must have a primary care provider
- *****Incomplete referrals will be returned**

Acknowledgement: This new Regina Chronic Pain Clinic referral form is inspired by the Toronto Academic Pain Medicine Institute (TAPMI) referral form.

The Regina Chronic Pain Clinic is an interdisciplinary team made up of physicians, nurse practitioners, a registered psychiatric nurse, a pharmacist, and licensed practical nurses. We offer a multi-modal approach to chronic non-cancer pain management which can include, but is not limited to, medications, mental health support, exercise therapy, traditional indigenous medicine, and interventional medicine. We manage chronic pain patients until an optimal and safe care plan is achieved. We will transition your patient back to your care once stable. **Physicians and nurse practitioners will not take over prescribing permanently.**

Is the patient willing to participate in interdisciplinary care strategies? Yes ___ No ___

Priority:

Urgent if

- Acute intervertebral disc herniation or sciatica (onset in the last 6 months)
- Complex Regional Pain Syndrome (onset in the last 6 months)
- Post-surgical nerve injury (onset in the last 6 months)
- Requires chronic pain management prior to surgery (surgery within 6 months)
- Suspected early post-herpetic neuralgia (onset in the last 6 months)
- Traumatic nerve injury (onset in the last 6 months)

Semi-urgent if

- Palliative with life expectancy over 12 months
- More than 200mg/day of morphine equivalent dose (MED) AND one or more of the following: concerning aberrant drug-related behaviors, benzodiazepine use, alcohol consumption

Routine if

- All other types of pain

Updated urgency level determined by CPC triage

Referring Provider Printed Name: _____ **Signature:** _____

Patient Signature: _____ **Date:** _____



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Please indicate below the pain diagnosis for your patient.

Abdominal pain

- Abdominal pain
- Crohn's/Ulcerative Colitis or Irritable Bowel Syndrome

Headache

- Cervicogenic headache
- Cluster headache
- Migraine tension-type headache
- Occipital Neuralgia
- Temporomandibular Joint Disorder
- Trigeminal nerve pain

Musculoskeletal pain (neck & back)

Does patient have radicular pain? Yes___ No___

- Failed back surgery syndrome
- Joint pain, location _____
- Low back pain
 - Back dominant
 - Leg dominant
 - Non-mechanical back pain
- Neck pain
 - Neck dominant
 - Limb dominant
- Sacro-iliac joint pain
- Whiplash-associated disorder

Neuropathic pain

- Complex Regional Pain Syndrome
- Multiple Sclerosis
- Painful diabetic neuropathy
- Phantom limb pain
- Post-stroke pain
- Post-surgical pain
- Post-traumatic or compression-related neuropathic pain

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- Shingles and post-herpetic neuralgia
- Traumatic nerve injury
- Trigeminal neuralgia and atypical facial pain
- Other (specify): _____

Opioid management/Substance use

- Aberrant drug-related behaviours
- Escalating opioid therapy
- Patient interested in tapering
- Substance Use Disorder
 - Is the patient aware of the referral? Yes ___ No ___

Pelvic pain

- Chronic pelvic pain
- Endometriosis
- Interstitial cystitis
- Vulvodynia

Widespread pain disorders

- Fibromyalgia
- Myofascial pain syndromes
- Osteoarthritis
- Sickle cell disease
- Systemic exercise intolerance/chronic fatigue

Other

- Please specify _____

Does the patient have

- Multiple areas of pain
- Single focus of pain
- Dermatomal distributions of pain

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Purpose of referral

- Consultation/provide advice
- Treatment
- Specific service requested _____

Goals of the Patient (Check all that apply)

- CPC to decide on appropriate program for my patient
- Pharmacotherapy recommendations (**CPC will not take over prescribing permanently**)
- Pain management counseling
- Self-management
- Physiotherapy/Exercise Therapy
- Traditional Indigenous Medicine
- Interventional therapies such as intraarticular injections, nerve blocks and ablations
 - If interventional medicine only, please provide reasoning

Insurance

- WCB
- SGI
- Third party
- Sask Health
- NIHB

Social History

- Disability
- Work: Fulltime/Part-time
- Housing: Stable/Temporary

Functional Status (activities of daily living)

- Good
- Managing
- Limited

Past non-pharmacologic interventions

- Physiotherapy
- Exercise Therapy
- Steroid injections: _____
- Traditional Indigenous Services
- Cognitive behavioral therapy
- Other _____

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The following documentation must be attached. This referral will not be processed unless all relevant information is received.

- Medication List
- Health summary
- Specialist consultation notes relevant to pain management
- All relevant imaging

Does the patient have a psychiatric diagnosis that may interfere with pain management? Yes___ No___
Please specify and attach any relevant consultation notes_____

As the patient been seen by any other of our SHA partners?

- MHAS
- RAAM
- Harm reduction
- Other _____

Any additional notes:

Referring Provider Printed Name: _____ Signature: _____

Patient Signature: _____ Date: _____