

Regional Interdisciplinary Chronic Pain Program Referral

□ RJH (Duncan & Southward, Gulf Islands) □ NRGH (North of Duncan)

Please consider reviewing Island Health's Pain algorithms (Pathways) & the Chronic Pain Care Pathway prior to referring

PATIENT INFORMATION			SEND RESULTS TO				
Last name			Ordering practitioner				
First name			MSP #				□ Locum
Date of birth (YYYY/MM/DD)							
PHN			Clinic Nam	е			
			Street Addr	ress		STAMF)
Primary contact number			Phone				
Translator required yes/ no			Fax				
Email (<u>mandatory</u> if available)			Primary Ca	re Provide	ər		
Street address			Same as ordering practitioner				
City Prov.		Postal Code	Copy to (fu	ll name)			
□New Referral □ Re-Referral same area □ 2 nd area of pair			Referred from Primary care Specialist				
REFERRAL INFORMATION							
Reason for Referral Attached							
TRIAGE INFORMATION							
*please review <u>Island Health's Chronic Pain Program Referral Guideline</u>							
Specialist Primary Care Provider/ Nurse Practitioner)er	
*may refer for PCP indications			*if specialist consult attached, referrals for specialist indications may be accepted				
Orthopedic Pain			Chronic low back, with radiculopathy				
Neuropathic Pain			Chronic neck pain, with radiculopathy				
Headaches/ migraines							
Cancer/ Palliative			Axial low back				
	 Fibromyalgia/Widespread body pain (referral will be directed to Self- Management Program) 						
		CRPS (ensure all other diagnoses ruled out for presenting signs & symptoms)					
□ Other							
All providers							
Self-Management Program. To	learn mo	ore, visit our <u>Groups Programs</u> v	webpage. Pa	atients will I	be screene	d for appro	opriate participation.
IMAGING, INVESTIGATIONS and CONSULTATIONS - Tests must be current within last 18 months.							
				Attached	Power	Pending	1
PAIN PROBLEM		WORK UP TO BE INCLUDED	<u>)</u>		Chart		For Office Use
Pain along spine (w/o radiation) / Joint Pain		X-Ray					
Radicular pain, Neurogenic		CT or MRI of spine after symptom	onset				╣
claudication, spine surgery		or change. Applicable surgical consults.					
Chronic headaches		CT or MRI head, X-ray Cervical Spine. Neurologist consult.					
CRPS		Workup: acute and chronic causes of limb pain, swelling, dysesthesia. Surgical consult. Budapest assessment.					
Other Specialist Indications		Up-to-date imaging, specific request and consult notes.					
ROUTING							
Date of Referral (YYYY/MM/DD) RJH		Fax: 250-519-1837	NRGH	Fax: 250-739-5989			Total # of pages faxed
		Phone: 250-519-1836		Phone: 2			



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□ Royal Jubilee Hospital (Duncan & Southward, Gulf Islands) □ NRGH (North of Duncan)

PROGRAM DESCRIPTION:

For a more detailed description please visit our website through Island Health.

- All patients will receive a Pain Program Orientation.
- We are an Interdisciplinary Pain Management Program for patients with chronic pain that is unresponsive to conventional treatment.
- It is preferred that patients have access to primary care/walk-in clinic services for regular follow up. This clinic is a tertiary referral program and
 does not assume longitudinal care for patients. We will provide recommendations for a treatment program to be carried out in the community
 and will offer additional resources available through the pain program.
- Our clinic recognizes the importance of interdisciplinary care. While injections may be part of the care, injection-only practices are not
 recommended or supported by our program. The treatment and management of pain requires a range of programs and services to help those
 function. Please note, it is required that referred patients do not receive procedural interventions at other clinics. Refer your patient to
 our pain program after <u>3 months</u> have elapsed.
- Referrals are not accepted from naturopaths.

TRIAGE PROCESS

- Please attach recent pertinent information, including health history and medications (lab results can be viewed online, do not send).
- Patients will be emailed a link to complete a history form. In rare circumstances, it will be mailed to the patient.
- Patients will not be triaged until <u>all information</u> is received including patient health history form corroborating clinical condition. We do not keep incomplete referrals.
- If referral and patient completed health history are not concordant, your referral may be rejected or triaged incorrectly.
- Interventionalist will treat only one area of pain per referral.

 INCLUSION GUIDELINES: Preferred that patient has a primary care provider (PCP) or a regular walk-in clinic to provide follow up care and medication renewal. Virtual care referrals (e.g., TELUS Health) will be accepted providing other inclusion guidelines are met. Patient is unresponsive to conventional, non-interventional treatment. All appropriate initial investigations have been performed. Patient and/or caregiver are cognitively capable and willing to participate with suggested regimen of therapy within their physical limitations. 	 EXCLUSION GUIDELINES (for physician consults and treatments) We would like all patients to receive the best possible care. Our clinic is unable to accept referrals for any of the following: Acute Pain less than 3 months (radicular pain less than 2 months) Acute Infection Unstable medical comorbidity Unstable psychiatric comorbidity Unstable substance use disorder Total body pain – without localized area of pain on history, physical exam and concordant imaging (Qualifies for Self-Management Care Stream) Opioid Prescribing Expectation of assuming longitudinal care
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PAIN PROGRAM WEBSITE: https://www.islandhealth.ca/our-services/pain-program/pain-program-homepage

Other Island Health Services: Chronic Pain Community Support Service:

Comox Valley Nursing Centre: Tel: (250) 331-8502 Fax: (250) 331-8503

Clinic will acknowledge receipt of this referral with separate fax. Clinic will inform patient of appointment.

Please tell patients NOT to call the Pain Program.

We will contact them for completion of our electronic history form and when they have been approved for our services.