

# Regional Interdisciplinary Chronic Pain Program Referral

☐ RJH (Duncan & Southward, Gulf Islands)

☐ NRGH (North of Duncan)

PATIENT INFORMATION			SEND RESULTS TO			
Last name			Ordering practitioner			
First name			MSP #		<input type="checkbox"/> Locum	
Date of birth (YYYY/MM/DD)			<div>STAMP</div>			
PHN						
Primary contact number						
Translator required yes/ no						
Email (mandatory if available)			Clinic Name Street Address Phone Fax			
Street address			Primary Care Provider <input type="checkbox"/> Same as ordering practitioner			
City	Prov	Postal Code	Copy to (full name)			
<input type="checkbox"/> New Referral <input type="checkbox"/> Re-Referral same area - seen by Dr.			Referred from <input type="checkbox"/> Primary care <input type="checkbox"/> Specialist			
<b>REFERRAL INFORMATION</b> <i>To deliver timely care to chronic pain patients</i>						
<ul style="list-style-type: none"> <li>To ensure your patients receive evidence-based therapies for common pain conditions, follow our algorithms (see our <a href="#">website</a> or pathwaysBC).</li> <li>Ideally, patients should continue with a care plan at a single clinic (e.g., injection clinics or radiology) until their care plan is completed. <b>Our clinic will see patients 6 months after completion.</b> Please do not refer to multiple pain clinics or injection sites simultaneously.</li> </ul>						
<b>TRIAGE INFORMATION</b> <i>Please select the referral reason below for MD assessment</i>						
<u>Emergent assessment (please call to discuss)</u> <input type="checkbox"/> Inpatient chronic pain consult <u>Urgent Assessment</u> <input type="checkbox"/> Cancer pain (referrals only accepted from BC-PSM or cancer specialist) <input type="checkbox"/> Palliative care (referrals only accepted from palliative care physician) <input type="checkbox"/> Complex regional pain syndrome (CRPS) (<6 months duration) <u>Semi-Urgent Assessment</u> <input type="checkbox"/> Radicular pain in limb (onset greater than 2 months with MRI or CT) <input type="checkbox"/> Chronic ischemic pain  <input type="checkbox"/> <b>Direct to procedure - referral form on website/pathwaysbc</b>			<u>Routine</u> <input type="checkbox"/> Postoperative spine surgery (new imaging required post-op) <input type="checkbox"/> CRPS (>6 months duration) <input type="checkbox"/> Chronic low back or neck pain <input type="checkbox"/> Chronic radiculopathy (>6months) <input type="checkbox"/> Non-operative joint pain of the knee (referrals only accepted from orthopedic specialist) <input type="checkbox"/> Chronic post-operative joint pain of the knee (>6 months from surgery) <input type="checkbox"/> Peripheral nerve pain condition with specific anatomical area defined <input type="checkbox"/> Migraines and headaches (referrals only accepted from neurologist or headache specialist) <input type="checkbox"/> Pain Self-Management Program (see Pain Program Referral Guide) *Patient will be screened for appropriate participation <input type="checkbox"/> Other: _____			
<b>IMAGING, INVESTIGATIONS and CONSULTATIONS</b> <i>Tests must be current within last 12 months. Additional investigations may be required.</i>						
<b>PAIN PROBLEM</b>	<b>WORK UP TO BE INCLUDED</b>	Attached	Power Chart	Pending	For Office Use	
Pain along spine (w/o radiation)	X-Ray if patient has had surgery/trauma					
Radicular pain, Neurogenic claudication, spine surgery	CT or MRI of spine after symptom onset or change. Applicable surgical consults					
Chronic headaches	CT or MRI head, Xray Cervical Spine. Neurologist consult					
Hx of significant malignancy, infection or immunosuppression	CT ± bone scan or MRI (within 6 months)					
CRPS	Workup: acute and chronic causes of limb pain, swelling, dysesthesia. Surgical consult					
<b>ROUTING</b>						
Date of Referral (YYYY/MM/DD)	<b>RJH Fax: 250-519-1837</b> <b>RJH Phone: 250-519-1836</b>	<b>NRGH Fax: 250-739-5978</b> <b>NRGH Phone: 250-739-5989</b>	Total # of pages faxed			
Clinic will acknowledge receipt of this referral with separate fax			Clinic will inform patient of appointment			

# Regional Interdisciplinary Chronic Pain Program Referral

☐ 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. Please see pathways and refer to the Pain Program Referral Guide for more information.
- We are an Interdisciplinary Pain Management Program for patients with severe pain that is unresponsive to conventional treatment.
- Patients must 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 6 months have elapsed.**

## TRIAGE PROCES

- Please attach to the referral the patient's medical history, medications, allergies, surgeries, and other pertinent information. (No printed Island Health records)
- 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 all information is received including patient health history form corroborating clinical condition.
- If referral and patient completed health history are not concordant, your referral may be rejected or triaged appropriately.
- Interventionalist will treat only one area of pain per referral.

## INCLUSION GUIDELINES:

- Patient must have 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 mo)
- Acute Infection
- Unstable medical comorbidity
- Unstable psychiatric comorbidity
- Unstable substance use disorder
- Pelvic pain should be referred to BC Women's Hospital – Centre for Pelvic Pain and Endometriosis (see self management)
- Fibromyalgia – Refer to the Canadian Rheumatology Association position papers on management (Qualifies for Self-management Care Stream)
- 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

**PAIN PROGRAM WEBSITE:** <https://www.islandhealth.ca/our-services/pain-program-services/pain-program>

**Other Island Health Services:**

**Chronic Pain Community Support Service:** Comox Valley Nursing Centre: Tel: (250) 331-8502 Fax: (250) 331-8503

**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.**