

Health Sciences Building
University of Saskatchewan
E3134, 104 Clinic Place, Saskatoon, SK
P: 306-966-6469 | F: 306-966-6656
medicationassessmentcentre@usask.ca

Patient addressograph or Name:

DOB:

HSN: Address:

**Contact Number:** 

## **HEALTH CARE PROVIDER REFERRAL FORM**

The USask Chronic Pain Clinic (UCPC) includes pharmacists, medical social workers, physical therapists, and a physician. We offer an interprofessional approach to chronic pain management which includes medication, mind, and movement strategies. We strive to support people living with chronic pain in collaboration with their primary care provider(s). Our support for individual clients is temporary, typically around 6 months.

If a client has a WCB or SGI claim/case currently open, they are not a candidate for the UCPC. A referral may be made once the WCB or SGI claim/case is closed. Please contact us if you have further questions.

Referring Provider Printed Name:				
Phone:	Referring Provider's role:			
Family Physician/Nurse Practitioner Name (if different from above):				
Phone:	Fax:			
	form interventional pain strategies/modalities and requires close, ongoing obysician or nurse practitioner) to implement any medication changes.			
In completing this referral:  I, the referring family physician/nurse practitioner	, agree to collaborate on an ongoing basis with the UCPC team			
*OR*				
☐ I, the referring non-prescribing provider, agree to applicable) to make them aware of this referral	contact the patient's family physician or nurse practitioner (if			
Purpose of Referral (Check all that apply): Patient Options				
☐ Interprofessional team chronic pain management (medication, mind, and movement strategies)	<ul><li>Physician Options</li><li>□ Physician consult for medication prescribing support (without patient)</li></ul>			
Patient must be willing to participate with the interprofessional team. Or referral is processed an intake package will be sent to patient collect additional health information.				
☐ Patient agrees to participate with interprofessional team and provide in package information as requested as evidenced by the patient's initials (if referral is completed virtually primary care				
provider can initial indicating patient's verbal consent)				
The following documentation must be attached, as ava  Random Urine Drug Screen – for patients on conti  Musculoskeletal & neurological exam (must have  Medication List  Health Summary (e.g. brief medical Hx, chronic pa  Specialist consultation notes relevant to pain man  Consulting notes pertaining to mental health diag  All relevant imaging	rolled substances (MS/MS test within last 6 months) been performed in the past 6 month)  iin narrative lagement			



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## **HEALTH CARE PROVIDER REFERRAL FORM**

Please indicate the patient's currently known pain diagnoses below. Check all that apply.

Opioid management/Substance use	Neuropathic Pain	
☐ Aberrant drug-related behaviours	☐ Complex Regional Pain Syndrome	
☐ Escalating opioid therapy	☐ Multiple Sclerosis	
□ Patient interested in tapering	☐ Painful diabetic neuropathy	
☐ Substance Use Disorder (patient must have co-occurring CNCP)	☐ Phantom limb pain	
	☐ Post-stroke pain	
Mental Health Diagnosis	☐ Post-traumatic pain	
Is there a mental health diagnosis which may be relevant when	☐ Compression-related neuropathic pain	
developing a chronic pain management care plan?	☐ Shingles and post-herpetic neuralgia	
□ Yes	☐ Trigeminal neuralgia and atypical facial pain	
□ No	□ Other	
□ Unknown		
If yes, please specify diagnosis	Widespread pain disorders	
	☐ Fibromyalgia	
	☐ Myofascial pain syndromes	
Abdominal pain	□ Osteoarthritis	
☐ Crohn's/Ulcerative Colitis	□ Osteoporosis	
☐ Irritable Bowel Syndrome	☐ Rheumatoid arthritis	
□ Other	☐ Sickle cell disease	
	☐ Systemic exercise intolerance/chronic fatigue/Myalgic	
Headache	encephalomyelitis	
□ Cervicogenic headache	☐ Other autoimmune condition	
☐ Cluster headache		
☐ Migraine tension-type headache	Other	
□ Occipital neuralgia	☐ Please specify	
☐ Temporomandibular joint disorder		
☐ Medication overuse headache		
□ Other	<del></del>	
<del></del>		
Musculoskeletal pain	Pelvic pain	
☐ Post-operative back pain	□ Endometriosis	
☐ Low back pain	☐ Interstitial cystitis	
☐ Back dominant	□ Vulvodynia	
☐ Leg dominant	□ Other	
□ Neck pain		
□ Neck dominant	Does the patient have?	
☐ Arm dominant	☐ Multiple areas of pain	
☐ Sacro-iliac joint pain	☐ Single focus of pain	
☐ Whiplash-associated disorder	☐ Dermatomal distribution of pai	



Chronic Pain Clinic referral form.

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## **HEALTH CARE PROVIDER REFERRAL FORM**

Please provide additional information about the patient below. Check all that apply.

Soc	Patient is on disability leave Patient is employed (Full-timePart-time) Patient has stable housing: Yes No Patient receives Supplementary Health Benefits: Yes No	<b>Fur</b>	nctional Status (Activities of daily living) Good Managing Limited
D-			
_	st CNCP interventions		Too diking all to disassays Comissa
	Physiotherapy Exercise therapy		Traditional Indigenous Services Psychological interventions (e.g., CBT, ACT, DBT)
	Pain education (e.g. Live Well)		Injections (e.g., steroids, hyaluronic acid)
	Pain clinic (e.g. Regina CPC)		Other
Ado	ditional Comments:		
l ha	**************************************	ney consen	t to the referral as evidenced by their signature
<i>Info</i> Tru	providing my signature I understand that use of my ormation Protection Act, PART IV Limits on Collection istees. I understand and that my signature or verbalin Clinic to:	n, Use and	Disclosure of Personal Health Information by
	<ol> <li>Obtain any health record(s), including hospita records, diagnostic imaging, pharmaceutical p information relevant to the program.</li> </ol>	-	physician/social worker/physical therapist office records and patient billing information, or other
Pat	ient Signature:	Dat	e:
	eferral is completed virtually primary care provider can initial indicating th		
Pat	ient Email:		<del></del>
Ack	nowledgement: This USask Chronic Pain Clinic referral form was adapte	d from the Toro	nto Academic Pain Medicine Institute (TAPMI) and Regina