

Health Sciences North/Horizon Santé Nord
Integrated Chronic Pain Program – REFERRAL FORM

865 Regent Street South – 4th Floor, Sudbury, ON

Phone 705-523-7100 x 2755 | Fax 705-671-5678

chronicpain@hsnsudbury.ca

Please note that all referrals must be completed on this form

This program integrates an inter-professional team, with a focus on rehabilitation, self-management and setting functional goals in a group environment. **Patients are expected to have an active role** in their care. A patient will be seen by various health discipline (Registered Nurse, Occupational Therapist, Pharmacist, Physiotherapist, Recreational Therapist, Kinesiologist, Case Manager and Social Worker) for chronic pain education sessions.

****This program does not provide diagnostic/surgical services****

PATIENT DEMOGRAPHICS

Patient Name:	HCN:
Date of Birth (DD/MM/YYYY):	Gender:
Address:	Language:
Email Address:	City:
Home Phone #:	Cell Phone #:

EDUCATION BASED PROGRAM

Inclusion	Exclusion
<ul style="list-style-type: none">Over 18 years of agePatient agrees to attend group education sessionsPain must be greater than 3 months duration	<ul style="list-style-type: none">Has an active MVA claimHas an active WSIB claimCognitive impairments (without supports) that limits participationPatients with unstable (3-6 months), undiagnosed or untreated psychiatric comorbiditiesPatient with untreated substance use disordersThe patient is actively suicidal and/or self harming with impaired coping skills and/or has attempted suicide in the last 3 months

ANESTHESIOLOGIST CONSULTATION AND INTERVENTIONAL PAIN MANAGEMENT

Inclusion	Exclusion
<ul style="list-style-type: none">Primary Care ProviderSee above inclusionsAll appropriate investigations (Imaging within the last 5 years)	<ul style="list-style-type: none">FibromyalgiaMyofascial painBotox treatment not available

REQUEST OF SERVICE

Local Programming:

☐ Interdisciplinary Chronic Pain Rehabilitation (in person)

Regional Programming:

☐ 6-week Group Education (online)

Interventional Treatment: (Approximate wait time- 2 years)

☐ Anesthesiologist consult (**patient must complete one of the above programming service prior to being considered for interventions**)



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CLINICAL INFORMATION

Date of Onset of Pain: _____

Psychosocial Status

Is individual medically stable and able to learn, engage with others? ☐ Yes ☐ No

Is the individual able to participate in exercise programs? ☐ Yes ☐ No

Are there any barriers to participation in group programming? ☐ Yes ☐ No

Mental Health Concerns/Potential Treatment Barriers

☐ Active suicidal Ideation

☐ Active Substance Use

☐ Unmanaged or unstable mental health concerns: _____

PLEASE CHECK ALL THAT APPLY:

Headache

- ☐ Cluster headache
- ☐ Migraine tension type headache
- ☐ Occipital neuralgia
- ☐ Temporomandibular joint disorder
- ☐ Trigeminal nerve pain

Neck Pain

- ☐ Limb dominant
- ☐ Neck dominant
- ☐ Whiplash-associated disorder

Neuropathic Pain

- ☐ Complex Regional Pain Syndrome
- ☐ Multiple Sclerosis
- ☐ Trigeminal neuralgia/ atypical face pain

- ☐ Traumatic nerve injury
- ☐ Phantom Limb pain (amputation < 2 yrs)
- ☐ Shingles and post herpetic neuralgia

Widespread Pain Disorders

- ☐ Fibromyalgia
- ☐ Myofascial pain syndrome
- ☐ Chronic fatigue syndrome

Musculoskeletal Pain

- ☐ Failed back surgery syndrome
- ☐ Joint Pain:

Location(s): _____

Low back pain

- ☐ Limb dominant
- ☐ Back dominant
- ☐ Non-mechanical

Cancer / Palliative Pain

- ☐ Cancer or cancer treatment related pain
- ☐ Palliative

PLEASE ENSURE THE FOLLOWING ARE INCLUDED

<input type="checkbox"/> Relevant Medical history	<input type="checkbox"/> Relevant Psychiatric history
<input type="checkbox"/> Medication list	<input type="checkbox"/> Previous medications for pain relief
<input type="checkbox"/> Relevant Medical Imaging (within 5 years)	



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In our model of care, PCPs play an active role in the treatment of their patients. We provide education based programming to patients in order to support self-management of their chronic pain condition. If interventions have been initiated by the anesthesiologist, patients will be asked to sign a 2 year commitment contract upon initiation of interventions. The patient will be returned to primary care once interventions are complete.

Anesthesiologists working with the Integrated Chronic Pain Program will not take over prescribing or primary care responsibilities.

Please Note: Our clinic follows a strict no show policy. Patients will be discharged if no notice is given prior to missed appointment.

REFERRING PROVIDER INFORMATION	
Referring Provider Name:	Fax #:
Billing Number:	Phone #:
Address:	
Primary Care Provider (if different from above):	

DATE: _____ **SIGNATURE** _____

