COMPLEX PAIN SERVICE

CPS Office: Tel: 604.875.2345 ext 5108 / Fax: 604.875.2767
TOLL-FREE within BC: 1.888.300.3088 ext 5108 / Fax ext 2767
Website: www.bcchildrens.ca/our-services/clinics/pain-service

Physicians
Gill Lauder, MB BCh, FRCA, FRCPC
Tim Oberlander, MD, FRCPC

Psychologist
Erin Moon, PhD, R. Psych

Physiotherapist
Lawren De Marchi, MPT

Nurse Clinician
Sarb Randhawa, RN, BScN

CPS Referral Form – To be completed by Referring Physician
Referral will NOT be processed if incomplete

COMPLEX PAIN SERVICE (CPS)

- The CPS is an innovative outpatient service provided by an interdisciplinary team that includes a pediatrician, anesthesiologist, pain nurse clinician, psychologist and physiotherapist.
- The CPS team is dedicated to the prevention and management of complex pain in children and youth.
- Some of the common types of pain we treat are headaches, abdominal and musculoskeletal pain.

CPS USE ONLY

CPS Dr

☐ **ND**
☐ **ND/PT**
☐ **ND/Psych**
☐ **Team**

DATE OF REFERRAL

DD _____ /MONTH _____/20 __

PATIENT INFORMATION (must be under 17 at time of referral)

Last Name: _____ First: _____ DOB: _____

PHN: _____ BCCH#: _____ Sex: ☐ M ☐ F ☐ Other

Address: _____ City: _____ Postal: _____

PARENT/GUARDIAN Mother: _____ Father: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Email Address:

REFERRING PHYSICIAN INFORMATION

Name: _____ Specialty: _____ ☐ GP ☐ Emergency Room

Address: _____ City: _____ Postal: _____

Phone #: Fax #:

PRIMARY PEDIATRICIAN INFORMATION

Name: _____ Phone #: _____ Fax #: _____

Address: City: Postal:

FAMILY PHYSICIAN INFORMATION

Name: _____ Phone #: _____ Fax #: _____

Address: City: Postal:

REASON FOR REFERRAL

☐ **Interdisciplinary Team Care** ☐ **Medication Consult**

PAIN SITE AND DURATION

☐ **Localized** (PLEASE DOCUMENT SITE) **SITE:** _____

☐ **Multiple Site** **DURATION OF PAIN:** ☐ 3-12 months ☐ 1-3 years ☐ > 3 years

☐ **Diffuse/ Whole Body**

PAIN DESCRIPTION (please check all that apply)

TYPE OF PAIN:		**IMPACT OF PAIN ON: (PLEASE SPECIFY)**	
☐ **Inflammatory**		☐ **Physical ability**	
☐ **Neuropathic**		☐ **Mood**	
☐ **Mechanical**		☐ **Sleep**	
☐ **Complex Regional Pain Syndrome (CRPS)**		☐ **School**	
☐ **Oncological**		☐ **Family**	
☐ **Other (not known) :**			

INCLUSION CRITERIA --- ALL MUST APPLY	**EXCLUSION CRITERIA**
☐ Patient has a primary care provider	☐ Untreated addiction to prescription or recreational drugs
☐ All appropriate investigations have been done	☐ Ongoing infection source without treatment
☐ Unresponsive to conventional treatment	☐ Medically unstable or suffers from a condition requiring inpatient care and monitoring
☐ Primary care provider(s) agree to participate with suggested regime	☐ Scheduled for surgery specifically for pain issues
☐ Patient and/or caregivers are cognitively capable and willing to participate with suggested regime of therapy	☐ Poorly controlled Psychopathology
☐ Patient aware and agreeable to the Pain Program including self-management strategies and interdisciplinary team members as an option	**** There are NO addiction services in our clinic ****

Patients will be triaged according to our predetermined criteria and seen by the appropriate provider(s).

All patients referred from the emergency department must have a primary physician, GP or pediatrician or these referrals should go through Complex Care Clinic, the pediatrician or the GP to ensure the involvement of an MRP. The patient's primary physician (GP or pediatrician) is responsible for ongoing care, during and after participation in the program, including reordering prescribed medications.

GI referrals for abdominal pain must have a referral to and have been linked with Medical Psychology or Youth Health prior to a CPS appointment.

Patients with anxiety and depression must also have a Youth Health or Psychiatry referral as appropriate.

All referrals from Orthopedics must have a physiotherapist involved.

The consultative service provided by the Complex Pain Service is **not for long term follow-up.**

Patients must be followed by their family physicians during and after their participation in the program.

Medical workup to be completed prior to referral to CPS, i.e. MRI, CT scan, seen by specialties, etc.

PAIN DESCRIPTION continued (please check all that apply)

Medical History: ☐ No issues ☐ History Attached

Allergies/Sensitivities ☐ No issues ☐ List: _____

Mental Health: ☐ No issues ☐ Attached

Followed by Mental Health Team: ☐ No ☐ Yes **Name:** _____

Current Medication List: _____

Substance Use Concerns: ☐ Not Applicable ☐ Active History ☐ Past History ☐ See Attached

Previous Pain Care: ☐ Occupation Therapy ☐ Physiotherapy ☐ Chiropractic's ☐ Naturopath

☐ Massage Therapy ☐ Acupuncture ☐ Other: _____

Previous Medications Trialed: _____

Activities of Daily Living: ☐ No issues ☐ Coping adequately ☐ Struggling to cope

Self-care: ☐ No issues ☐ Coping adequately ☐ Struggling to cope

Home Activity: ☐ No Issues ☐ Coping adequately ☐ Struggling to cope ☐ Homemaker

School Activity: ☐ No issues ☐ Occasionally absent due to pain ☐ Absent due to pain >50% school term

☐ Not attending school due to other reasons **Please specify:** _____

Mobility Aid: ☐ None ☐ Cane ☐ Crutches ☐ Wheelchair

OTHER SPECIALISTS/SERVICES CONSULTED (check all that apply)

SERVICE	NAME OF PRACTITIONER	SERVICE	NAME OF PRACTITIONER
☐ Endocrinology		☐ Physiotherapy	
☐ Gastroenterology		☐ Psychiatry	
☐ Neurology		☐ Psychology	
☐ Orthopedics		☐ Rheumatology	
☐ General Surgery		☐ Other:	

INVESTIGATIONS PERFORMED (check all that apply)

NAMED INVESTIGATION	DATE OF EXAM	OTHER INVESTIGATIONS	
☐ X-RAY		☐	
☐ MRI		☐	
☐ Bone Scan		☐	
☐ Bloodwork		☐	

Please attach ALL RELEVANT REPORTS as well as a REFERRAL LETTER outlining reason for referral, current medications and other therapies tried.

FAX ALL DOCUMENTS to the CPS: 604.875.2767 [BC toll-free: 1.888.300.3088 ext 2767]
For additional information, please contact our CPS Nurse Clinician, 604.875.3627