

Physician Information

Referring Physician: _____ MSP #: _____ Phone: _____ Fax: _____

GP or Walk-in Clinic: _____ MSP #: _____ Phone: _____ Fax: _____

Patient Information: All fields are MANDATORY, or referral will be returned

Name: _____ DOB: _____ PHN: _____

Address: _____ Postal Code: _____ City: _____

Phone: H: _____ C: _____

Email: _____ (Not required)

ICBC? No Yes Claim #: _____

Referral to CHANGEpain's Medical Services:

CHANGEpain takes an evidence informed approach to chronic pain utilizing a biopsychosocial model of care. Our Medical services include the Core Program (MSP Covered) and Advanced Interventional Pain Services (Private Pay). All patients begin in our Core Program and we may recommend additional private pay therapies, if appropriate. The Core Program involves a consultation, treatments, and group medical visits. Patients may access our Medical Services for a maximum of 12 months. After completing the Core Program, patients will graduate from CHANGEpain and be given recommendations for continuing care as needed.

Is this referral urgent? Yes No Reason: _____

Reason for Referral:

Pain Area(s):

Patient History Summary: Medical, Surgical, Injury, Treatment, Medication, Allergies
Attach any relevant consultations, imaging, or investigations.

Complete

Is the patient using anticoagulants?

Yes No

Describe: _____

Does the patient have a significant communicable disease (HIV, Hepatitis, MRSA, cellulitis etc.)?

Yes No

Describe: _____

Patient is aware of the following:

Patients will be seen in for up to a maximum of 12 months.

Yes No

Patients will be expected to participate in a pain Group Medical Visit series.

Yes No

CHANGEpain may make recommendations that require GP follow-up.

Yes No

Patients may be asked to attend CHANGEpain more than once a week to make the most of our services.

Yes No

Exclusion Criteria:

Is the patient agreeable to this referral and willing to participate in the Core Program?

Yes No

Is the patient fluent in English or able to bring a translator to every appointment?

Yes No

Does the patient have a Primary Care Physician or Walk-In Clinic able to provide ongoing care?

Yes No

Does the patient have an active Worksafe BC claim?

Yes No

Does the patient have an uncontrolled/untreated mental health condition?

Yes No

For MSP Referrals: No-Charge Referral 3333 put through to – MSP billing #26194 (Dr. Brenda Lau)

Complete