



Chronic Pain Service Referral

Fax: 613-738-4893

Patient Information:

Inclusion Criteria:

- Pain >3 months
- Suspicion of Complex Regional Pain Syndrome (for pain both <3 months and >3 months)
- All reasonable investigations to identify pain etiology have been completed

Exclusion criteria:

- Major psychiatric disorder which has not been appropriately assessed or treated (Eating Disorder, Active SI)
- Receipt of referral past age 17 years, 6 months

Reason for Referral: _____

Pain Location: _____

Pain Duration: _____

Past Medical History: _____

Current Functional Impact: _____

Currently attending school? Yes No: _____

Number of school days missed in the past 3 months due to pain: _____

Pain Impacts:

- Sleep: _____
- Mood: _____
- Anxiety: _____
- Mobility: _____
- Family Function: _____
- ADLs: _____
- Social Interaction: _____

Mental Health History:

- Depression: _____
- Anxiety: _____
- Trauma: _____
- Suicidal Ideation: Active Passive: _____
- Disordered Eating: _____
 Please attach Growth Chart if Hx Disordered Eating

Mental Health Treatment History: _____

Followed by MH provider: _____

Suspected Diagnosis:

CRPS

Budapest Criteria:

- Allodynia
- Hyperalgesia
- Colour change
- Temperature change
- Swelling
- Muscle spasm
- Sweating changes
- Decreased ROM
- Trophic changes (skin, hair, nails)

Diffuse/Myofascial Pain/Fibromyalgia:

Workup (please complete and attach all items, otherwise referral will be denied):

- CBC
- ESR
- CRP
- ANA
- TTG
- Lyme
- Fe
- CK
- TSH
- TTG
- RF
- HLAB27

Neuropathic Pain:

- Consider Neurology Assessment/EMG

Abdominal Pain:

Workup (please complete and attach all items, otherwise referral will be denied):

- CRP
- Fecal calprotectin
- TTG
- h pylori
- Amylase
- Lipase
- Abdominal u/s
- Rule out eating disorder
- Attach Growth Charts
- Fructose/Lactose/SIBO Breath testing if indicated
- Consider Gastroenterology assessment

Headache

- Neurology assessment
- MRI Head

Pelvic Pain

- Gynecology Assessment

Post-operative pain OR upcoming surgical intervention for pain

Sickle Cell Disease

Other: _____

- Appropriate workup complete

Current Pain Treatments:

- Physiotherapy: _____
- Psychotherapy: _____
- Pharmacotherapy: _____

Referring Provider: _____ Signature: _____

Contact #: _____ Fax: _____ Date: _____

CPS wait times can be upwards of 9-12 months, please refer to appropriate community providers as indicated in the interim i.e. Community PT, 1Call1Click/Community psychotherapy