



To be seen by: ___ Dr. John Gills *BSc MD CCFP (EM)*
 ___ Dr. Paul Doucette *MD CCFP (EM)*
 ___ First available CPM physician

Referring MD:

MSI provider billing number (6 digits):

MD address:

Fax:

MD phone:

Back line:

Patient name:

Phone:

Work:

Cell:

Address:

HCN:

Exp:

DOB:

WCB case: YES / NO

WCB claim #:

Patient receiving disability benefits: YES / NO

Current pain diagnosis:

How long has the patient had chronic pain?

Current treatments (attach list if insufficient space):

Previous treatments (please check all that apply):

Physio ___ Psychological ___ Nerve block ___ Acupuncture ___ TENS ___ Acetaminophen ___ NSAIDs/COXIBs ___

Tricyclics: _____ Other antidepressants: _____ Cannabinoids: _____

Antiepileptics: Carbamazepine ___ Gabapentin ___ Pregabalin ___ Topiramate ___ others: _____

Opioids: short-acting ___ If long-acting opioids, specify: _____

Multi-disciplinary pain program (where/when) _____

Surgical (what/when) _____

Please attach copies of any relevant investigations/consults:

Investigations: Imaging reports ___ Relevant lab work ___ EMG/NCS ___

Consults: Neuro ___ Ortho ___ Neurosurg ___ Rheum ___ Physiatry ___ Psych ___ Pain ___

I acknowledge that I have read the conditions of referral and will resume care of my patient after discharge from CPM.

Physician signature: _____ Date: _____