

RHS PAIN CLINIC (Ambulatory Care) REFERRAL FORM

Fax all referrals to 604-244-5281

Information about the RHS Pain Clinic (Ambulatory Care) and Services

A Richmond Certified Anesthesiologist runs the RHS Pain Clinic (Ambulatory Care), where support is provided to patients with pain that is unresolved after 6-8 weeks of conservative treatment. Patients may be seen earlier by direct request. The clinic accepts referrals from all family doctors and specialists in B.C.

The clinic provides the following services:

1. Perform intervention blocks:

- Epidural steroid injection for degenerative/herniation/protrusion disc disease, spinal stenosis, and 'failed spinal surgical syndrome'
- Nerve blocks, for example:
 - Intercostals nerve block for post hepatic neuralgia
 - Ilioinguinal nerve block for post-operative inguinal hernia repair
 - Occipital nerve block for chronic headaches
- Trigger point injections for myofascial pain and fibromyalgia (excluding MVA cases)
- Stellate ganglion block and plexus block for upper limbs complex pain syndrome
- Botox injection for chronic headaches
- Nerve neuralgia

Perform a pulsed radiofrequency to peripheral sensory nerve:

- Intercostals nerve block for post hepatic neuralgia
- Ilioinguinal nerve block for post-operative inguinal hernia repair
- Lateral femoral nerve cutaneous for meralgia paresthetica
- Saphenous nerve for saphenous
- Occipital nerve

2. Identify and forward patients with facets/sacroiliac joint arthropathy to the Radiology Department for facets and sacroiliac joint blocks under fluoroscopy or CT

3. Provide advice and recommendation related to medication, exercise, and physiotherapy

Exclusion Criteria

- Acute vertebral fractures.
- This clinic does not provide pain medication.
- Patients who have significant social and psychological issues are more appropriately treated at a full-service pain clinic, such as the Transitional Pain Clinics (TPC) at SPH & VGH, or Chronic Pain Clinic at SMH.
- Patients who are currently seen by other pain clinics.

Essential Information about the Referral and Booking Service

- The RHS Pain Clinic (Ambulatory Care) will book and confirm appointments directly with patients.

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Patient Information Patient Name (Last Name, First Name)		Type of Referral <input type="checkbox"/> Routine <input type="checkbox"/> Urgent	
PHN		Referring Physician Information	
Date of Birth (dd/mm/yyyy)		Referring Physician Name:	
Address (Apt #, Street #, Address, City, Postal Code)		_____	
Mobile Phone Number		MSP # of Referring Physician:	
Home (Landline) Phone Number		_____	
		Fax # of Referring Physician:	

Referral Reason			
Provisional Diagnosis			
Investigations to Date (include copies of reports)			
<input type="checkbox"/> X-rays	<input type="checkbox"/> CT	<input type="checkbox"/> MRI	<input type="checkbox"/> Other
Treatments to Date			
<input type="checkbox"/> Medical (rest, heat, NSAIDS, other analgesics e.g., opioids)	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Exercise	<input type="checkbox"/> Brace/Orthotic
<input type="checkbox"/> Massage	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Other	
Relevant Medical History			
Please include any previous related problems, significant medical history, any anticoagulation therapy and attach all pertinent prior consults			
1.	2.	3.	