



Toronto Academic Pain Medicine Institute

External Referral Form C  
Women's College Hospital  
76 Grenville Street, 3<sup>rd</sup> Floor  
Toronto, Ontario M5S 1B2  
Phone: 416-323-6269  
Fax: 416-323-2666

Please fax all pages of the referral forms together with requested imaging and consult notes to Central Triage at Toronto Academic Pain Medicine Institute (TAPMI) at Women's College Hospital.  
**416-323-2666**

Your patient's referral will be assessed and sent to the most appropriate service with the next available appointment. TAPMI is a comprehensive virtual network of pain management services in downtown Toronto. The participating hospitals are:



**Please note all patients must have a Primary Care Provider.**

In the TAPMI model, Primary Care Providers (PCP) play an active role in the treatment of their patients. The TAPMI team will provide assessment and a care plan for our patient's chronic pain problem. In some cases, treatment may be initiated by TAPMI, however, once stabilized (6-24 months) the patient will be returned to the PCP for ongoing care, including pharmacotherapy, with our continued support.

TAPMI Physicians and Nurse Practitioners will **not** take over prescribing permanently.

Please note that a referral may be seen by any health discipline (Physician, Nurse Practitioner, Nurse, Occupational Therapist, Pharmacist, Physiotherapist, Psychologist, Social Worker). Please inform your patient that, if appropriate, they will be enrolled in a Pain Education course.

<http://tapmipain.ca/patient/managing-my-pain/>



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PATIENT INFORMATION (Affix patient label/ identification here)  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
                                  DD / MM / YYYY  
Health Card: \_\_\_\_\_ Version code: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Patient Gender: \_\_\_\_\_

Date of referral \_\_\_\_\_

**To be filled by referring health care provider to help direct referral within TAPMI.**

Language with which the patient is more comfortable speaking with the provider:

English      French      Other \_\_\_\_\_

Interpreter required?     Yes     No      If yes, language required: \_\_\_\_\_

Alternative contact name, relationship and number : \_\_\_\_\_

Referring provider contact information

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax number: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing number: \_\_\_\_\_

Primary care provider contact information

**Same as referring provider**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax number: \_\_\_\_\_

Estimated pain problem start date: \_\_\_\_\_ MM/YYYY

Active WSIB     Yes     No    # \_\_\_\_\_ (if known)

**Does the patient have a psychiatric diagnosis that may interfere with pain management?**

Yes     No     Suspected

Please clarify: \_\_\_\_\_

**Has the patient been seen within the TAPMI partnership?**

- Centre for Addiction and Mental Health Interprofessional Pain and Recovery Clinic
- Sinai Health System Wasser Pain Management Centre
- St. Michael's Hospital Interventional Pain Clinic      Date: \_\_\_\_\_
- Women's College Hospital Interventional Pain Clinic
- University Health Network, *please specify clinic name:* \_\_\_\_\_

**Reason for referral and patient treatment preference/expectations:**



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### Main reason for referral select or specify:

#### Urgency level 1: *Optimal wait time 5-10 business days*

- Patient is palliative with a less than a 6-month life expectancy

#### Urgency level 2: *Optimal wait time 10 business days*

- Acute intervertebral disc herniation or sciatica (onset in the last 6 months)
- Pain in pregnancy (please include expected due date)
- Complex Regional Pain Syndrome (onset in the last 6 months, [meets IASP diagnostic criteria](#))
- Requires chronic pain management prior to surgery (surgery within 6 months)
- Suspected early post herpetic neuralgia (onset in the last 6 months)
- Refractory nerve pain (onset in the last 6 months; i.e., post traumatic, post surgical)
- More than 90 mg/day of morphine equivalent dose (MED) AND one or more of the following
  - Concerning aberrant drug related behaviours (substance use disorder)
  - Problematic benzodiazepine use
  - Problematic alcohol consumption

#### Urgency level 3: *Next available appointment*

Patient has [radicular pain](#)?  Yes  No

#### Abdominal pain: must have GI consult

- Abdominal pain
- Crohn’s/Ulcerative Colitis/ Irritable Bowel Syndrome

#### Headache

- Cervicogenic headache
- Migraine, Cluster, Tension headache
- Occipital Neuralgia
- Temporomandibular Joint Disorder
- Trigeminal nerve pain
- [Medication overuse headache](#)

#### Musculoskeletal pain

##### Low Back Pain

- Limb dominant
- Back dominant

##### Neck Pain

- Limb dominant
- Neck dominant

- Failed back surgery syndrome
- Joint pain, *location* \_\_\_\_\_
- Sacro-iliac joint pain
- Whiplash-associated disorder

#### Opioid management/Substance use

- Aberrant drug related behaviours
- Escalating opioid therapy (seeking)
- Patient interested in opioid management or tapering
- Patient interested in cannabis for pain
- Substance Use Disorder

*Has the referral for a substance use disorder or aberrant drug use been discussed with patient?*

Yes  No

#### Neuropathic pain (onset > 6months)

- Complex Regional Pain Syndrome
- Multiple Sclerosis
- Painful diabetic neuropathy
- Phantom limb pain
- Post stroke pain
- Post surgical pain
- Post-traumatic or compression-related neuropathic pain
- Shingles and post herpetic neuralgia
- Traumatic nerve injury
- \_\_\_\_\_



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**Reason for referral continued**

**Pelvic pain: must have Gyne or Urology consult**

- Chronic Pelvic pain
- Endometriosis
- Interstitial Cystitis
- Vulvodynia

**Other**

- Cancer pain (non palliative)
- Rheumatological conditions
- Traumatic Brain Injury
- \_\_\_\_\_

**Widespread pain disorder**

- Myofascial pain syndromes
- Sickle Cell disease
- Osteoarthritis
- Fibromyalgia

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**The following documentation must be attached. This referral will not be processed unless all relevant information is received.**

- Relevant medical history (attach CPP)
- Specialist consultation notes relevant to pain management (GI, Uro, Gyne, Surgical, Psychiatry etc...)
- All relevant imaging relating to referral form