External Referral Form C

Women's College Hospital 76 Grenville Street,
3rd 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 Intake at Toronto Academic Pain Medicine Institute (TAPMI) at Women's College Hospital **416-323-2666.**

Exclusion Criteria for TAPMI Referrals:

- Patients without a primary care provider
- Patients with an active WSIB, please refer to the Altum Health Clinic
- Patients who are actively under the care of another pain physician(s)
- Patients having exhausted all treatment modalities, where the information forwarded to us allows us to conclude there is nothing further we can offer
- Patients with unstable, undiagnosed or untreated psychiatric comorbidities

Please i**nform your patient** they are expected to attend TAPMI's **Mandatory Orientation Session** as part of the intake process. If patient **does not** attend the Mandatory Orientation Session and complete the intake process, this referral will be closed. **Please notify us** if there is **anything that would prevent the patient** from attending the Mandatory Orientation Session.

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:

In partnership with:

In the TAPMI model, Primary Care Providers 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 Primary Care Providers for ongoing care, including pharmacotherapy, with our continued support.

https://tapmipain.ca/patient/managing-my-pain/

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, Kinesiologist).

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Toronto Academic Pain Medicine Institute
Institut Universitaire de Médecine de la Douleur de Toronto

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PATIENT INFORMATION (Affix patient label/ identification here)
Name: _____ Date of Birth:_____
Preferred Name:_____ DD/MM/YYYY
Health Card: _____ Version code: _____
Address: _____
Phone:_____ Alternate: _____
Gender: _____ Pronouns:☐He/Him ☐She/Her ☐They/Them
☐ : _____

Date of referral: _____
DD / MM /YYYY

Language 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 : _____

Primary Care Provider contact information: ***Referrals without a Primary Care Provider will be declined***
Name: _____ Phone number: _____
Address: _____ Fax number: _____

Referring provider contact information: **Same as Primary Care Provider** ☐ Yes ☐ No
Name: _____ Phone number: _____
Address: _____ Fax number: _____
Primary Care Provider is aware and consents to referral? ☐ Yes ☐ No

Signature: _____ Billing number: _____
Estimated pain problem start date (MM/YYYY): _____
Second Opinion ☐ Yes ☐ No Reason: _____

Reason for referral and patient treatment preference/expectations:

If Primary Care Provider does not consent or is unaware of the referral, the referring provider agrees to implement TAPMI recommendations.

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☐ : _____

Acute mental health or safety concerns: ☐ Yes* ☐ No
*If yes, please include recent psychiatric and medical note.

Substance use disorder or concerning drug/medicine related behaviours: ☐ Yes* ☐ No
* If yes, patients will be assessed at CAMH Interprofessional Pain & Addiction Recovery Clinic (IPARC).

Pain management during pregnancy: ☐ Yes ☐ No* Pain Concern _____
*If not pregnant, patient would like pre-conception counseling regarding pain management.

Access Barriers: is there anything that would prevent the patient from attending the Mandatory Orientation Session? ☐ Yes* ☐ No *If yes, briefly explain: _____

Has the patient been seen within the TAPMI partnership? ☐ Yes ☐ No

Working Diagnosis (Select all that apply)

- ☐ Palliative cancer pain
- ☐ Chronic primary pain widespread (*Fibromyalgia Syndrome*)
- ☐ Localized chronic primary pain (***including nonspecific back pain, chronic pelvic pain***)
- ☐ Chronic cancer pain
- ☐ Chronic post-surgical and post-traumatic pain
- ☐ Chronic neuropathic pain _____
- ☐ Chronic headache and orofacial pain
- ☐ Chronic visceral pain _____
  Indicate organ system (*includes Sickle Cell*) _____
  Indicate location ☐ Head/Neck ☐ Thoracic ☐ Abdominal ☐ Pelvic
- ☐ Chronic musculoskeletal pain _____

☐ Other

Please ensure you have provided us with all the necessary documentation in order for us to provide a timely consultation for your patient

- ☐ Relevant medical history *(attach Cumulative Patient Profile)*
- ☐ Current medications *(attach list)*
- ☐ Specialist consultation notes relevant to pain management *(Gastrointestinal, Urology, Gynecology, Surgical, Psychiatry etc.)*
- ☐ Imaging relating to referral form
- ☐ Pain clinic consult notes

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