

SASKATOON INTERVENTIONAL PAIN CENTRE (SIPC)

CONSULT REFERRAL FORM

ADULT AND NON-CANCER PAIN

PATIENT INFORMATION

NAME:

GENDER: ☐ DOB: WBC#:

HOME PHONE: CELL PHONE:

ADDRESS: POSTAL CODE:

CITY: PROV:

HEALTH CARD NUMBER:

CLINICIAN INFORMATION

CLINIC NAME:

PHONE: FAX:

ADDRESS: POSTAL CODE:

CITY: PROV:

REFERRING CLINICIAN:

FAMILY PHYSICIAN
OR WALK IN CLINIC:
(REQUIRED)

REFERRAL INFORMATION



FAX: (306) 518 - 9050

PRIMARY PAIN AREA:

REASON FOR REFERRAL AND SUSPECTED DIAGNOSIS:

REASON FOR URGENT CONSULTATION:

ACCEPTING REFERRALS FOR THE FOLLOWING:

BACK PAIN / NECK PAIN	KNEE PAIN
RADICULAR PAIN	SHOULDER PAIN
POST-SURGICAL SPINE SYNDROME	HIP PAIN
SPINAL STENOSIS	CERVICOGENIC HEADACHES

DOCUMENTS AND RESOURCES

ATTACH ACCOMPANYING INFORMATION:

- ☐ PAST MEDICAL, SURGICAL AND PSYCHIATRIC HISTORY
- ☐ CURRENT MEDICATIONS AND PREVIOUS THERAPIES
- ☐ RELATED CONSULT NOTES (e.g RHEUM, NEUROSX, ORTHO, PM&R)
- ☐ IMAGING

PLEASE REVIEW THE SASKATCHEWAN CHRONIC PAIN
PATHWAY TO LEARN MORE ABOUT PREVENTION,
ASSESSMENT AND MANAGEMENT OF CHRONIC PAIN.

UNINSURED SERVICES

☐ PLATELET RICH PLASMA INJECTION THERAPY

SIPC INCLUSION GUIDELINES

- NON-CANCER PAIN, PATIENTS > 18 YEARS OLD.
- PATIENTS MUST HAVE A FAMILY PHYSICIAN OR A REGULAR WALK IN CLINIC THAT WILL PROVIDE FOLLOW UP CARE AND MEDICATION RENEWALS.
- RECOMMENDATIONS WILL BE SENT TO THE PRIMARY TEAM.
- **SIPC IS UNABLE TO TAKE OVER OPIOID PRESCRIPTIONS.**
- PATIENTS WITH RADICULAR PAIN SHOULD HAVE AN MRI < 18 MONTHS.
- PATIENTS WITH AXIAL PAIN SHOULD HAVE A RECENT XRAY.
- PATIENTS WITH A HISTORY OF MALIGNANCY SHOULD HAVE AN MRI OR CT < 18 MONTHS TO RULE OUT MALIGNANT PATHOLOGY.