

# SASKATOON INTERVENTIONAL PAIN CENTRE (SIPC)

## DIRECT TO PROCEDURE 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

The direct to procedure program streamlines requests for one time interventions. Post procedure, the patient will follow up with the referring provider ONLY. No follow up will be arranged with the pain physician. Please use the regular clinic referral form if the patient requires a thorough pain medicine assessment.

PRIMARY PAIN AREA  
AND REASON FOR REFERRAL:

#### PLEASE SPECIFY REQUESTED PROCEDURE:

- ☐ LUMBAR FACET JOINT INJECTIONS  
☐ L ☐ R SPECIFY / LEVELS:
- ☐ LUMBAR MEDIAL BRANCH BLOCKS / RADIOFREQUENCY ABLATION  
☐ L ☐ R SPECIFY / LEVELS:
- ☐ LUMBAR TRANSFORAMINAL EPIDURAL / NERVE ROOT BLOCK  
☐ L ☐ R SPECIFY / LEVELS:
- ☐ CAUDAL EPIDURAL
- ☐ LARGE JOINT / BURSA INJECTION (GT BURSA, SHOULDER, HIP, KNEE, SIJ)  
☐ L ☐ R SPECIFY JOINT AND INJECTATE:   
STEROID OR HYALURONIC ACID OR PLATELET RICH PLASMA\*
- ☐ PERIPHERAL NERVE BLOCK  
☐ L ☐ R SPECIFY NERVE:
- ☐ PLATELET RICH PLASMA INJECTION\* :
- ☐ OTHER (SPECIFY):

#### CRITERIA FOR REFERRAL

##### FACET / MBB / RFA:

- ☐ Attach evidence of facet changes on imaging < 18 months.
- ☐ Unresponsive to conservative therapy (PT, medications etc).
- ☐ No radicular pain.

##### TFESI / CAUDAL EPIDURAL:

- ☐ Lumbar radicular pain in a dermatomal pattern with consistent findings on CT or MRI. Imaging must be completed after onset of symptoms and must be within the last 18 months. Attach imaging.
- ☐ Unresponsive to conservative therapy (PT, medication etc).
- ☐ No anticoagulation OR anticoagulation can be stopped for injection.

##### JOINT INJECTION:

- ☐ Attach evidence of joint changes on imaging < 18 months.
- ☐ Unresponsive to conservative therapy (PT, medications etc).

##### ACCOMPANYING INFORMATION:

PAST MEDICAL HISTORY, SURGICAL HISTORY, ALLERGIES, CONTRAST ALLERGY IF KNOWN, MEDICATIONS INCLUDING ANTICOAGULATION AND IMAGING.

\* NOTE: PRP AND HA ARE UNINSURED SERVICES

- ☐ Please note: Patients should be evaluated by referring physician to rule out infectious, acute traumatic and malignant causes of pain.
- ☐ Patients on dual antiplatelets (req. epidural) with PCI less than 6 months, CVA/MI less than 3 months are not candidates for safe referral.
- ☐ Re-referral for repeat procedure is suitable for patients who report previous treatment was effective and improved their function.