

**Chronic Non-Cancer Pain Management Program (CNCMP)
Patient Referral**

**PLEASE COMPLETE BELOW REFERRAL
OR
SUBMIT YOUR STANDARD PRACTICE IN-HOUSE REFERRAL**

Affix patient label if available

Patient Information:

Date of Referral: _____

Last Name: _____ First Name: _____

Health Card #: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth (DD/MM/YYYY): _____ Age: _____

Gender: _____ Identifies as: _____

Family Physician: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Pain Details (NOTE: Cancer pain and patients under 18 years of age are exclusion criteria for this program):

Diagnosis: _____

Onset: _____

Location: _____

Investigations completed to date (**attach relevant investigations**):

MRI	CT	EMG	Ultrasound	Other:
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Additional Patient Information:

Does the patient have significant depression and/or anxiety? Yes No If yes, attach treatment report

Does the patient have any history of drug/alcohol abuse or addiction? Yes No If yes, attach treatment report

Last Name:		First Name:	
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Allergies: _____

Medical Hx / Surgery Hx:

1. _____
2. _____
3. _____
4. _____

Current Medications: attach list and doses

Medical Clearance for Exercise:

Are there any concerns regarding this patient's ability to exercise (i.e., significant cardiac or other medical concerns, physical status concerns or injuries, and falls history, etc.)? Circle YES or NO

If yes, please list any precautions: _____


Does patient accessibility need or require an interpreter? **Yes** **No** _____

Health Care Practitioner (please print)	Billing #	Date	Signature
Self-Referral (please print)		Date	Signature

Fax referral to: Chronic Non-Cancer Pain Management Program Central Intake 519-582-1513 (Fax)	For Primary Care Provider inquiries: Chronic Non-Cancer Pain Management Program Central Intake 519-582-2323 ext. 231
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*Supporting Primary Care of Haldimand, Norfolk and Brant & Surrounding Areas
 to safely mitigate risk and increase wellness in individuals with chronic non-cancer pain on opioid therapy.*

Funded by the Ministry of Health, a program of the Norfolk Family Health Team in partnership with the Grand River Community Health Centre.



NORFOLK
 FAMILY HEALTH TEAM

