

## Interdisciplinary Pelvic Pain Program Referral

**Please note that all referrals must be completed by a gynecologist or urologist.**

PATIENT INFORMATION	
Surname:	Given Name: Male <input type="checkbox"/> Female <input type="checkbox"/> Health Card Number:
DOB:	Telephone #:
Address:	Email Address:

PHYSICIAN INFORMATION:			
Referring Physician:	Telephone #:	Fax #:	Billing #:
Family Physician (if different from above):	Telephone #:	Fax #:	Billing #:

CLINICAL INFORMATION	
Pain Diagnosis if available:	
<b>Medical Conditions - please check all that apply</b>	
<b>Non Urgent</b>	
<input type="checkbox"/> Headache	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Back Pain
<input type="checkbox"/> Prostatitis	<input type="checkbox"/> Chronic testicular/scrotal pain
<input type="checkbox"/> Inflammatory Bowel Disease (IBD)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Complex Regional Pain Syndrome (CRPS)	<input type="checkbox"/> Neuropathic Pain
<input type="checkbox"/> Irritable Bowel Syndrome (IBS)	<input type="checkbox"/> Abdominal Pain
<input type="checkbox"/> Post-vasectomy pain syndrome	<input type="checkbox"/> Chronic penile pain

PSYCHOLOGICAL HISTORY	
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety
<input type="checkbox"/> PTSD	<input type="checkbox"/> History of substance abuse
<input type="checkbox"/> History of sexual / physical abuse	

MEDICAL HISTORY	
<b>Attach all listed reports to referral</b>	
<input type="checkbox"/> Legible history of pain problem	
<input type="checkbox"/> Medical history including allergies, Height _____ Weight _____ BMI _____	
<input type="checkbox"/> Previous surgeries / injections	
<b>Pain Investigations relevant to pain referral (within last 2 years) Please check and attach reports</b>	
<input type="checkbox"/> MRI	<input type="checkbox"/> CT
<input type="checkbox"/> EMG	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Other _____	

**All patients will have the option of an internal pelvic examination by a physiotherapist. The psychologist will be present throughout the interdisciplinary assessment.**

GYNAE / URO HISTORY		
<input type="checkbox"/> Hypertonicity to pelvic floor	<input type="checkbox"/> Neutral tonicity to pelvic floor	<input type="checkbox"/> Hypotonicity to pelvic floor
<input type="checkbox"/> Prolapse	<input type="checkbox"/> Urinary incontinence	<input type="checkbox"/> Pain with urination
<input type="checkbox"/> Pain with intercourse	<input type="checkbox"/> Pain with touch	
<input type="checkbox"/> Radiating pain to areas _____		
<input type="checkbox"/> Contraindications to internal physical examination / treatment to pelvic floor? (e.g infections, active hemorrhoids)		
_____		

Consultants at the Michael G. DeGroot Pain Clinic practice on a shared care model. One of our admission criteria is that Family Physicians play an active role in the treatment of their patients. We will provide assessment and a treatment plan for your patients chronic pain problem. In some cases the treatment may be initiated by our clinic, however, once stabilized the patient will be returned to you for ongoing care. This includes ongoing Pharmacotherapy that may include opioids.