

## Chronic Pain Clinic Referral

Telephone: 613-544-3400 Ext. 22315

Facsimile: 613-544-9638

Web: [Hotel Dieu Chronic Pain Clinic](#)

**Referral must be complete to ensure appropriate and timely triage. Incomplete referrals will be cancelled.**

Please note that we only accept referrals from Primary Care.

*Please refer to our website for a full list of Inclusion and Exclusion Criteria.*

Referring Clinician:  
(Print Name)

Telephone:

Fax:

### REASON FOR REFERRAL

**Primary Goal/ Expectation of this referral:**

### AREA OF PAIN (select all that apply)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Myofascial Pain                | <input type="checkbox"/> Cervical / Neck Pain   | <input type="checkbox"/> Radicular Symptoms |
| <input type="checkbox"/> Cancer         | <input type="checkbox"/> Neuropathic                    | <input type="checkbox"/> Thoracic / Chest Pain  | <input type="checkbox"/> Radicular Symptoms |
| <input type="checkbox"/> Facial Pain    | <input type="checkbox"/> Fibromyalgia / Widespread Pain | <input type="checkbox"/> Lumbar / Low Back Pain | <input type="checkbox"/> Radicular Symptoms |
| <input type="checkbox"/> Headache       | <input type="checkbox"/> Complex Regional Pain Syndrome | <input type="checkbox"/> Other: _____           |   |

**Duration of Pain Condition:** ☐ 3-6 months ☐ 6-18 months ☐ Other:

### REQUIRED MEDICAL HISTORY (Please note that incomplete referrals will **be cancelled**)

**Please attach all listed reports to referral**

- |   |  |
|---|--|
| <input type="checkbox"/> Legible history of pain condition                                | <input type="checkbox"/> Current medications and dosages                     |
| <input type="checkbox"/> Medical history including allergies                              | <input type="checkbox"/> Current/ previous involvement in other pain clinics |
| <input type="checkbox"/> Mental Health history and previous treatments                    | If yes, where: _____   |
| <input type="checkbox"/> Investigations/ imaging relevant to pain referral<br>(≤ 2 years) |  |

For more information on services available at the Chronic Pain Clinic, please visit our website at:

[Chronic Pain Clinic | KHSC Kingston Health Sciences Centre](#)

<https://kingstonhsc.ca/programs-and-departments/chronic-pain-clinic-0>