Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

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

Referring Clinician: *(Print Name)* Telephone: Fax:

Referring Clinician Specialty: ☐ Primary Care provider ☐ Other (*please specify*):

REASON FOR REFERRAL

Primary Goal/ Expectation of this referral:

AREA OF PAIN (*select all that apply*)

☐ Abdominal Pain	☐ Myofascial Pain	☐ Cervical / Neck Pain	☐ Radicular Symptoms
☐ Cancer	☐ Neuropathic	☐ Thoracic / Chest Pain	☐ Radicular Symptoms
☐ Facial Pain	☐ Fibromyalgia / Widespread Pain	☐ Lumbar / Low Back Pain	☐ Radicular Symptoms
☐ Headache	☐ Complex Regional Pain Syndrome	☐ 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

- ☐ Legible history of pain condition
- ☐ Medical history including allergies
- ☐ Mental Health history and previous treatments
- ☐ Investigations/ imaging relevant to pain referral (≤ 2 years)
- ☐ Current medications and dosages
- ☐ Current/ previous involvement in other pain clinics

If yes, where:

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