Primary Care Network HIGHLAND | connect with us hpcn.ca

Highland Primary Care Network
101, 217 Centre Avenue S.W. Airdrie, Alberta T4B 3L8
Ph: (587) 287-1727 Fax: (587) 287-1726 Toll-Free: (855) 850-4726

Chronic Pain Referral Form

Demographics:

Name:_____
PHN:_____
D.O.B:_____
Address: _____
Phone#: _____
Family Physician: _____

Date Referred:_____

Referred by:_____

Contact Number:_____

Reason for Referral (Check all that apply):

☐ Lower Back Pain
☐ Fibromyalgia
☐ Chronic Abdominal Pain
☐ Pelvic Pain
☐ Non surgical Osteoarthritis
☐ Headaches/migraines
☐ Neuropathic pain
☐ Other: *(Please specify)*
_____

Brief Chronic Pain History:

_____
_____
_____

Medical History (Check all that apply):

☐ Hypertension
☐ Dyslipidemia
☐ Diabetes
☐Obesity
☐ COPD/Asthma
☐ Depression
☐ Anxiety
☐ Mental health
☐ Social/Financial issues
☐ Other : *(Please specify)*
_____

Current Medications:

_____
_____
_____

Relevant Investigations:

☐ X-ray
☐ MRI
☐ CT Scan
☐ Blood work
☐ Other: *(please specify)*
_____

Additional Information:

_____
_____
_____

Has patient been made aware of referral? ☐ Yes ☐ No

Please Fax Referral to **(587) 287-1726**, Attention: Chronic Pain Clinic