

North Bay Regional Health Centre

Pain Clinic

Pain Management Clinic Consultation Checklist

Patient Name: _____

Health Card Number: _____

Pain Clinic Package: Required patient documentation for pain management clinic referral.

Incomplete packages will be returned to the referring provider office for completion and the patient will not be booked into the pain management clinic until the completed package is received.

Referring Provider to send complete package to Pain Management Clinic

- Completed Consultation Request (RHC1867)
- Completed Pain Evaluation Questionnaire form (RHC1579-completed by patient or delegate)
- Signed Consent for Release of Personal Health Information (RHC 164)
- Previous Relevant Consultations (especially pain management clinics)
- Applicable Consult/Imaging/Diagnostic Reports:

Xray MRI EMG US eGFR Full Patient Summary Prior Treatments

- Provided the patient with the "Pain Management Clinic" Patient Information Sheet

Completed by: _____

Physician Office: _____

Date: _____

****Fax completed package to 705-495-7983****