



fraserhealth

CHRONIC PAIN CLINIC – REFERRAL

Jim Pattison Outpatient Care and Surgery Centre



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3rd Floor – Reception 3D 9750 - 140th Street, Surrey BC, V3T 0G9

T: 604-582-4587 F: 604-582-4591

Instructions

- The Chronic Pain Clinic is an interdisciplinary clinic and patients will be triaged according to our predetermined criteria and seen by the appropriate provider(s).
- The consultative service provided by the Chronic Pain Clinic is not for long term follow-up.
- Patients must be followed by their primary care provider during and after their participation in the program.
- The Chronic Pain Clinic is offered to patients living within the catchment area of Fraser Health Authority with some rare exceptions for those living outside this area.
- The clinic does not assume opioid prescribing or tapering or rotation.
- There are no addiction services in our clinic.

Fax referral with supporting documentation to 604-582-4591

Supporting documentation includes all consultation and investigation reports relevant to condition (e.g., X-ray, CT, MRI, US)

Patient Information

Referral Date (dd/mm/yyyy): _____ Interpreter Required: Yes No
If yes, language: _____

Legal Name: _____ Sex Assigned at Birth: Female Male Intersex
Surname Given Name Middle

Home Address: _____
Street City, Province Postal Code

Date of Birth (dd/mm/yyyy): _____ Personal Health Care Number: _____

Preferred phone number: _____ Alternate number: _____

Email: _____

Referral Information

Referring Provider

Name: _____ MSP#: _____

Phone: _____ Fax: _____

Signature: _____

WorkSafe BC Claim #: _____ ICBC Claim #: _____

BCAA #: _____ Other: _____

Reason for Referral (select one option only):

Medical Consultation (which may include consultation with allied health and/or nursing)
Reason for medical consult: _____

Self-Management Education (select this option if no further assessment or intervention required)
2.5 hour virtual session once a week for 8 weeks on group education on chronic pain physiology and self-management skill building

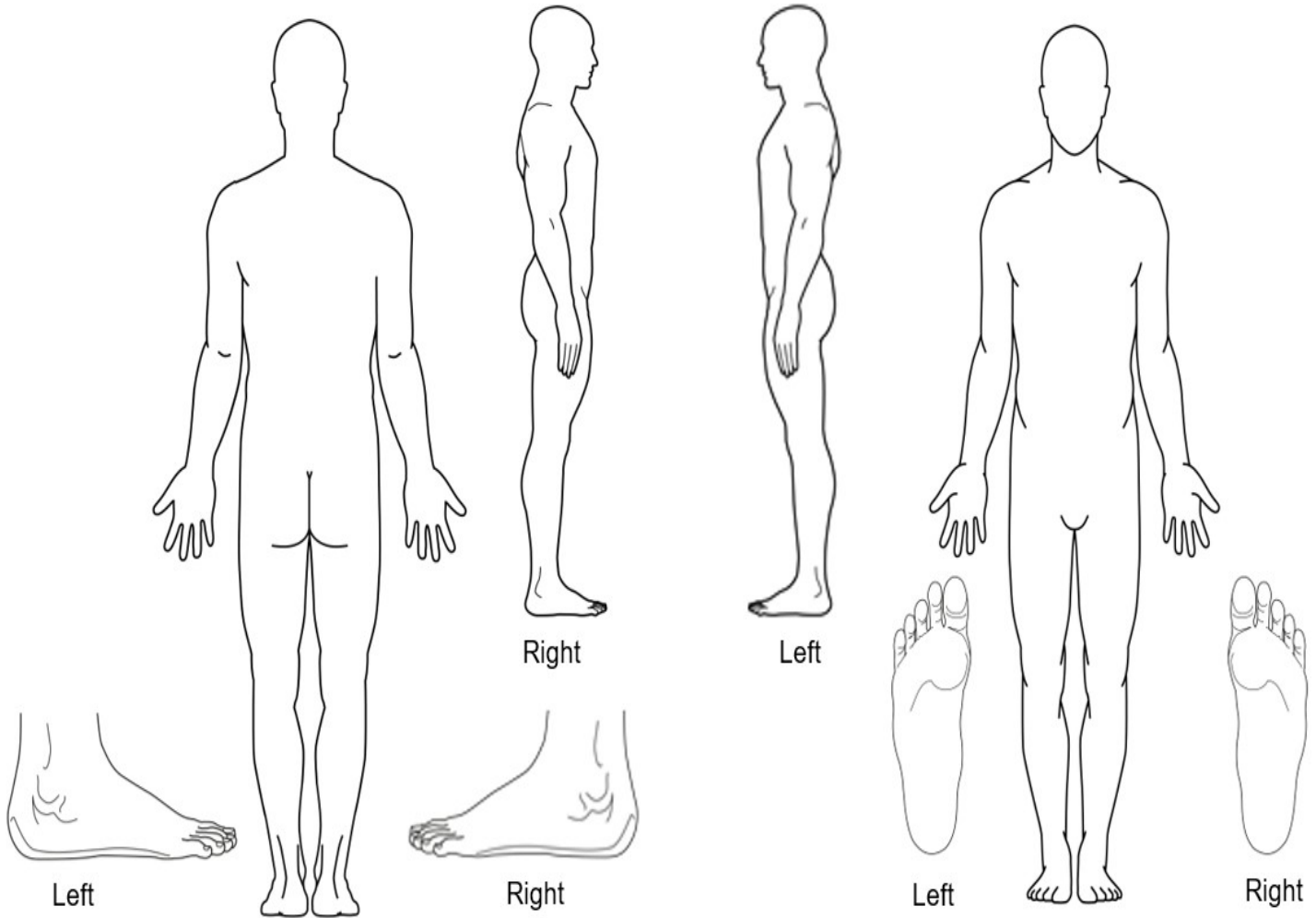
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Indicate specific location(s) of pain with an **X**:

Back

Front



Duration of Pain: 6 months 12 to 24 months 24 months or more

Pain Condition: