

Dear Doctor:

CPM Centres for Pain Management, welcomes referrals of your patients with chronic non-cancer pain to our clinic in Charlottetown, PEI.

Our program offers a comprehensive pain assessment, a diagnostic opinion and differential diagnosis, recommendations regarding an optimal treatment plan and a limited period of follow-up after implementation of the treatment plan. The recommended treatment plan may include any of the following: optimization of pharmacotherapy, nerve blocks and trigger point injections, a psychoeducational Chronic Pain Self-Management Program, a focused physical rehabilitation program, massage therapy, spinal adjustment, psychological treatments, Mindfulness Based Stress Reduction, and other treatments.

Some elements of this treatment plan can be offered at our clinic. Any medical services provided by CPM are covered by a patient's **Health Card** under the PEI Hospital and Medical Services Plan. For other non-covered treatment modalities, we will either refer patients to local community resources or provide you with specific suggestions for the recommended treatments.

It is important that you remain intimately involved in your patient's overall pain management plan. Ongoing communication is an important part of the process. If part of our recommended treatment plan includes optimizing pharmacotherapy, we will offer to start and stabilize the patient on medication but will eventually refer the patient back to you for ongoing care and follow-up. **This is an essential requirement of seeing your patient.** We will remain available to reassess your patient at any time if difficulties develop with the recommended treatment plan.

If our opinion is that some further investigation is indicated, we will advise you accordingly. We would be pleased to discuss any assessment or treatment issues with you by phone, at any time.

In order to ensure that our assessment is comprehensive, it is important that we have as much information as possible about your patient. We would appreciate your completion of the short checklist on the attached page and forwarding the indicated reports to us by fax or mail.

Please feel free to contact Dr. John Gillis if you have any questions regarding our assessment and treatment process.

Regards,

John M. Gillis, BSc, MD, CCFP (EM)
Medical Program Director
CPM Dartmouth

Roman D. Jovey, M.D.
Medical Director
CPM Centres for Pain Management
Mississauga, Ontario

To be seen by: Dr. John Gillis BSc MD CCFP (EM) _____

Referring MD Name:

Provider Billing Number:

MD Address:

MD Phone number:

Back Line:

Fax:

Patient Name:

Patient PHN:

Patient Address:

Patient phone number:

Patient DOB:

Is this a WCB case? _____

WCB claim No:

Is this patient receiving disability benefits? _____

Current Pain Diagnosis:

How long has the patient had chronic pain?

Current Treatments (attach list if insufficient space):

Any known history of alcohol or drug abuse/addiction? _____

Previously tried treatments (please check all that apply): Physio____ Psychological____

Nerve blocks____ Acupuncture____ TENS____ Acetaminophen____ NSAIDs/COXIBs____

Tricyclics: _____ other antidepressants: _____ Cannabinoids _____

Antiepileptics: carbamazepine__ gabapentin__ pregabalin__ topiramate__ others _____

Opioids: Short-acting ____ if long-acting opioids, which ones: _____

Multi-Disciplinary Pain Program? (where and when) _____

Surgical (what and when): _____

Please include copies of any relevant investigations / consults:

Investigations: Imaging reports____ Relevant lab work____ EMG/NCS____

Consults: Neuro____ Ortho____ Neurosurg____ Rheum____ Physiatry____ Psych____ Pain____

I acknowledge that I have read the conditions of referral and will resume care of my patient after discharge from CPM

Signature: _____

Date: _____