Seekers Centre
Healing the brain and body

Request for Consultation and Chronic Pain Management

☐ **Chronic Pain Consultation and Treatment**

- ☐ **Dr. R. Nahas** (longer wait time)
- ☐ **Dr. G. Gale**
- ☐ **First available physician**

☐ **MVA High Risk Clinic** (within 2 weeks)

☐ **Lidocaine Infusion** (☐ previous Tx with tri-cyclic AD & anti-convulsant)

Date of Referral: _____

Patient Demographics: (complete or affix patient label)

Name: _____ DOB (DD/MM/YY): _____

Telephone: _____ ☐ Male ☐ Female

Patient has risk factors for: (check all that apply)

Concussion
- ☐ LOC
- ☐ Amnesia
- ☐ Dizziness
- ☐ Confusion
- ☐ Mood Disorder
- ☐ ADHD or learning disorder

Chronic Pain
- ☐ High-speed injury
- ☐ Catastrophizing
- ☐ Immediate onset of pain
- ☐ Decreased ROM
- ☐ Prior pain syndrome

Anxiety or PTSD
- ☐ Prior mood disorder
- ☐ Traumatic event
- ☐ Fear or anger on scene
- ☐ Young child in vehicle

Clinical History

Please attach all relevant lab results, imaging reports, consultation reports and list of current medications.

Physicians requesting chronic pain consultation agree to resume long-term medical management of patients once a stable regimen has been established. This may include long-term prescribing of opioids.

_____	_____	_____
Physician Name	Clinic Name	Signature
_____	_____	_____
Billing #	Telephone	Fax