

Stollery Children's Hospital
Pediatric Chronic Pain Clinic Consultation
Referral by Physician/Nurse Practitioner Only

The goal of this service is to treat and care for children 17 years and under who are experiencing chronic, difficult to manage pain. Children should always be seen and assessed first by the appropriate pediatric services prior to being referred to the Pediatric Chronic Pain Clinic.

Inclusion Criteria

- 0-17years, 11 months;
- chronic pain of at least three months duration;
- chronic pain as primary complaint;
- chronic pain which impacts activities of daily living, school attendance, sleep, quality of life or family functioning.

Please fax completed form to 1.780.407.8529 (Attention: Pediatric Chronic Pain Clinic)

Ineligible/incomplete forms may result in a delay in service

Client Demographics			
Last Name		First Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (<i>yyyy-Mon-dd</i>)	PHN
Address		City	Postal Code
Home Phone	Alternate Phone	Name of Parent or Guardian	
Referring Physician/Nurse Practitioner		Primary Physician (<i>if applicable</i>)	
Phone	Fax	Phone	Fax
Address		Address	
Pracid ID		Pracid ID	
Primary site and duration of pain <hr/> <hr/> <hr/> <hr/>			
Relevant history <hr/> <hr/> <hr/> <hr/>			

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Current pain treatment *(provide complete list of medications, supplements, herbals and other therapies)*

Past treatments *(including interventions tried for pain control)*

What other health care provider services for pain management has this child received? *(Please attach relevant consultation such as physiotherapy, psychiatry, psychology and Diagnostic Imaging reports.)*

Concurrent medical problems

Briefly describe the impact of chronic pain for the child and family *(school attendance, quality of life, sleep disturbance, family functioning)*

In what ways can we assist you with the management of your patient?
