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Referral Tool: User's Guide

The referral tool has been created to provide prescribing practitioners with a structured referral template. The tool aims to facilitate interprofessional communication between prescribing practitioners and their referral sources, therefore, enhancing the coordination of care. The user guide provides a rationale for the inclusion of certain sections as well as examples of potential content.

Information pertaining to the referred patient

Date: *MM/DD/YYYY*	Reason for referral: *Acute left low back pain*
Last name: *Doe*	
First name: *Jane*	
Personal health number:	
Diagnosis/clinical impression: *Acute left lumbar strain*	

Assessment

This section should briefly highlight information regarding the patient's current complaint as well as any relevant flags that may impact prognosis.

Chief complaint(s): *Left-sided low back pain following gardening 3 days ago.*
Pertinent history: *No prior history of low back pain. No history of trauma. Symptoms have been improving since onset 3 days ago. No neurological symptoms have been reported.*
Comorbidities: *Type 2 diabetes*
Current plan of management: *Management with education, reassurance, ibuprofen, and referral to conservative management.*

Red flags:

☐ Progressive neurological deficits: major motor weakness, disturbance of bowel and bladder control, saddle numbness
☐ Infection: fever, IV drug use, immune suppressed, osteomyelitis
☐ Fracture: trauma, osteoporosis
☐ Tumor: history of cancer, unexplained weight loss, fever, pain worse supine or at night
☐ Inflammation: morning stiffness >30 minutes and <45 years of age
☐ None identified
☐ Treatment recommended with consideration of red flags identified above

**Note: red flags distal to the area of complaint may not be a contraindication to treatment. If a patient has a fractured foot, it will not preclude them from safe conservative management of low back pain. Additionally, if a low back pain patient is flagged as having a risk of fracture due to osteoporosis it may not preclude them from all forms of manual therapy. In this example, some manual therapy interventions may be contraindicated (spinal manipulation); however, other forms of manual therapy might be appropriate (soft-tissue therapy, acupuncture, or exercise). Therefore, treatment may be recommended with consideration of the red flags identified above.*

Yellow flags:

☐ Belief that back pain is harmful or potentially severely disabling
☐ Fear and avoidance of activity or movement
☐ Tendency to low mood and withdrawal from social interaction

☐ Expectation of passive treatment(s) rather than a belief that active participation will help ☐ Current substance dependence/intoxication ☐ Solicitous behaviours from others (family) or highly punishing social responses from others (e.g., co-workers, spouse) ☐ Poor job satisfaction ☐ None identified

Outcome Measures	
Outcome measures help to assess baseline function of a patient and can be used to monitor progress during and after a program of management.	Baseline
Pain: *Numeric Pain Rating Scale is commonly used to measure pain intensity*	/10
Function – Activity: e.g., *Timed Get up and Go Test* Activity: Activity:	
Disability – Test: *The Oswestry Disability Index is an example of a disability outcome measure*	

Management

Involves determining the most appropriate management strategies for your patient. This incorporates clinical experience, the best available evidence, and patient preference.

Conservative management*:	Self-management*:	Mental health management:	Other:
☐ Manual therapy (may be provided by a chiropractor, physiotherapy, massage therapist, osteopath) _____ ☐ Nurse practitioner _____ ☐ Pharmacist _____ ☐ Acupuncturist _____ ☐ Other _____	☐ Exercise _____ ☐ Nutrition _____ ☐ Meditation _____ ☐ Pain education _____ ☐ Other _____	☐ Cognitive-behavioural therapy _____ ☐ Relaxation and mindfulness _____ ☐ Addiction services _____ ☐ Psychotherapy _____ ☐ Psychological services _____ ☐ Psychiatry services _____ ☐ Social worker _____ ☐ Other _____	☐ Family Physician _____ ☐ Pharmacotherapy _____ ☐ Diagnostic imaging _____ ☐ Specialist referral _____ ☐ Further testing _____

**Handouts are available for appropriate referral*

Referral Comments

This section allows for comments pertaining to patient goals, preference, or any other relevant information.

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