

# Referral Tool

|                                       |                             |
|---------------------------------------|-----------------------------|
| <b>Date:</b>                          | <b>Reason for Referral:</b> |
| <b>Last name:</b>                     |                             |
| <b>First name:</b>                    |                             |
| <b>Personal health number:</b>        |                             |
| <b>Diagnosis/Clinical Impression:</b> |                             |

## Assessment

**Chief complaint(s):**

**Pertinent history:**

**Comorbidities:**

**Current plan of 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

## 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 (as applicable)

|   | Baseline |
|---|----------|
| <b>Pain:</b>  | /10      |
| <b>Function - Activity:</b><br>- Activity:<br>- Activity: |          |
| <b>Disability - Test:</b>                                 |          |

## Management

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

## Referral Comments