Bill Nelems
PAIN & RESEARCH CENTRE

Patient info (**include PHN, ph no. and email**):

Referring Physician:_____

Family Physician (if different than referring):

_____

❑ **Pain Consult**
- ❑ Neck
- ❑ Back
- ❑ Migraine (Dr Holtby)
- ❑ Peripheral joint
- ❑ Other: _____

❑ **Pain Education Sessions**

309-2755 Tutt St
Kelowna, BC, V1Y 0G1

Tel. 250-860-9754
Fax: 250-860-9760

❑ FIRST AVAILABLE

❑ Specific physican (include reason):_____
_____
_____

❑ Dr.ShawnMcCann (PhysiatryReferrals, includingEMG, Spasticity,Sports Med)

❑ Dr.CaitlinHoltby (See 'BeforeSendingA HeadacheReferral' document,on nelemspain.ca)

PLEASE CHECK ONE OF THE FOLLOWING BOXES:

❑ Xrays, scans, relevant consults, test results, etc. attached

❑ Pending Xrays, scans, test results, etc. will be cc'ed to Dr. Paul Etheridge

INCOMPLETE REFERRALS WILL BE RETURNED.

Further Information:

(Feb 2020)