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**

**(**pt email address required)**

CENTRAL REFERRAL FOR BNPRC AFFILIATED CLINICS ACROSS INTERIOR HEALTH

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

❑ FIRST AVAILABLE

❑ Specific physican (include reason):_____
_____
_____

❑ 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

**PATIENTS WILL BE CONTACTED TO FILL OUT INTAKE FORMS BEFORE BEING SCHEDULED FOR AN APPOINTMENT**.

Further Information: