



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

Family Physician (if different than referring):

<p><input type="checkbox"/> Pain Consult</p> <ul style="list-style-type: none"><input type="checkbox"/> Neck<input type="checkbox"/> Back<input type="checkbox"/> Migraine (Dr Holtby)<input type="checkbox"/> Peripheral joint<input type="checkbox"/> Other: _____ <p>For Pain Education Services please visit www.nelemspain.ca to register.</p>	<p>CENTRAL REFERRAL FOR BNPRC AFFILIATED CLINICS ACROSS INTERIOR HEALTH</p> <p>Tel: 250-860-9754 Fax: 250-860-9760</p> <hr/> <p><input type="checkbox"/> FIRST AVAILABLE</p> <p><input type="checkbox"/> Specific physician (include reason): _____</p> <p><input type="checkbox"/> Kelowna</p> <p><input type="checkbox"/> Salmon Arm</p> <p><input type="checkbox"/> Penticton</p> <p><input type="checkbox"/> Vernon</p> <p><input type="checkbox"/> Revelstoke</p> <p><input type="checkbox"/> Williams Lake</p> <p><input type="checkbox"/> Physiatry Referrals (Including EMG, Spasticity, Sports Med)</p> <p><input type="checkbox"/> Dr.Caitlin Holtby See Headache Management Guideline on www.nelemspain.ca</p>
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PLEASE CHECK ONE OF THE FOLLOWING BOXES:

- Xrays, scans, relevant consults, test results, etc. attached
- Pending Xrays, scans, test results, etc. will be cc'd to Dr. Paul Etheridge

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

Further Information: