



Patient info (include PHN, ph no. and email): Referring Physician: \_\_\_\_\_

Family Physician (if different than referring): \_\_\_\_\_

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

- X-rays, scans, relevant consults, test results, etc. attached
- Pending X-rays, 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: