



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

Family Physician (if different than referring): _____

<input type="checkbox"/> Pain Consult <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Migraine (Dr Holtby) <input type="checkbox"/> Peripheral joint <input type="checkbox"/> Other: _____ For Pain Education Services please visit www.nelemspain.ca to register.	CENTRAL REFERRAL FOR BNPRC AFFILIATED CLINICS ACROSS INTERIOR HEALTH Tel: 250-860-9754 Fax: 250-860-9760 <input type="checkbox"/> FIRST AVAILABLE <input type="checkbox"/> Kelowna <input type="checkbox"/> Salmon Arm <input type="checkbox"/> Penticton <input type="checkbox"/> Vernon <input type="checkbox"/> Revelstoke <input type="checkbox"/> Trail <input type="checkbox"/> Williams Lake <input type="checkbox"/> Specific physican (include reason): _____ <input type="checkbox"/> Physiatry Referrals (Including EMG, Spasticity, Sports Med) <input type="checkbox"/> Dr.Caitlin Holtby See Headache Management Guideline on www.nelemspain.ca
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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: