**Transitional Pain Service**

200 Elizabeth St. (12NU), Toronto, Ontario M5G 2C4

(T) 416-340-4800 ext. 2927 (F) 416-340-3698

*The Transitional Pain Service provides comprehensive care to patients preparing for and recovering from major surgery. Services include medication management, pain management workshops and groups, individual counselling, physiotherapy and acupuncture.*

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| **Before Surgery** | **Surgeries with increased risk for chronic postsurgical pain and persistent opioid use** | **After Surgery** |
| * Chronic pain condition * Opioid medication * Antidepressant medication * Anxiolytic medication * Depressed or distressed * Highly anxious * Fear of surgery and/or fear of pain after surgery * PTSD diagnosis * Current substance misuse issues * History of substance misuse issues | * Breast Surgery (i.e. mastectomy/ axillary dissection) * Amputation * Thoracic Surgery (esp. Thoracotomy incision) * Open Abdominal Surgery * Transplant Surgery (Lung / Liver) * Neck Dissection * Open Gyneocologic Surgery * Orthopedic Surgery * Cardiac Surgery | * Reports struggling with post-surgical pain * Reports more post-surgical pain than is typical * Surgical pain does not appear to be resolving * Significant post-surgical pain 3 or more months after surgery * Difficulty weaning off opioids after surgery * Depressed, anxious and/ or significantly distressed * Concern about possible opioid misuse |

**PHYSICIAN INFORMATION.** Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MD Billing #:\_\_\_\_\_\_\_\_\_\_\_\_ MD Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MD Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT INFORMATION.** Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or anticipated date of surgery, approximately)

***Please fax to 416-340-3698 Attn: Maria Valenzuela***

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