London Health Sciences Centre

Children's Hospital
London Health Sciences Centre

Referral to Paediatric Chronic Pain Service

Our program provides pain rehabilitation. **All investigations must be complete prior to referral.** Please fax to 519-937-0615, or email paedpainprogram@lhsc.on.ca. Please include all relevant clinical notes otherwise referral will be delayed.

Date of Referral:

Referring Physician:

Patient First Name:

Patient Last Name:

Date of Birth:

Patient Phone Number:

Patient Address:

LHSC Personal ID Number (PIN) or HC:

Reason for referral:

Past medical history:

Please describe patient's functional disability:

Treatments tried

Physical:

Psychological:

Medications:

Do they identify as Indigenous? If so, would they like to access additional support?