**BaNES Pain Referral Form**

October 2018

For both Community and Secondary Care Pain Clinics

**Please send this form as an e-Referral attachment with UBRN to the BaNES Referral Support Service.**

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| This form has been created by BaNES CCG to refer patients both to Community pain clinic and Secondary care.  NHS England stipulates that all MSK Pain referrals must be triaged by an interface service and the aim is for most patients you refer with low back pain and sciatica to be seen in the community pain clinic.  Please tell the patient pain clinics offer activity and pain management advice and very few patients will be offered injection therapy. For more information please see [Spinal Facet Joint, Medial Branch Block, Epidural Injections and Radiofrequency Denervation in relation to Low Back Pain and Sciatica in patients over 16 years old – STP Policy as from 1st August 2018](http://www.bathandnortheastsomersetccg.nhs.uk/documents/what-we-do-and-do-not-fund/managing-back-pain-policy-spinal-facet-joint-epidural-injections) |

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| **Referrers Details** | |
| **Referring Doctor** | <Sender name> | | **Telephone number** | <Sender details> |
| **Surgery** | <Organisation Details>  <Sender details> | | **Email address** |  |
| **Address** | <Sender address> | | **GP Surgery** | <GP Details> |
| **Fax number** | <Sender details> | | **Date of referral** | <Today's date> |

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| **Patients Details** | |
| **Title** | <Patient Name> | | **Ethnicity** | <Ethnicity> |
| **Forename** | <Patient Name> | | **Gender** | <Gender> |
| **Surname** | <Patient Name> | | **Date of birth** | <Date of birth> |
| **Address** | <Patient Address> | | **Latest BMI** | <Numerics> |
|  |  | | **Latest BP** | <Latest BP>, <Numerics> |
| **Postcode** | <Patient Address> | | **Latest weight** | <Numerics> |
| **Mobile tel no** | <Patient contact details> | | **Latest height** | <Numerics> |
| **Home tel no** | <Patient contact details> | | **Cigarettes per day** | <Diagnoses>, <Numerics> |
| **NHS Number** | <NHS number> | | **Smoker?** | Yes  No |

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| **NICE Guidance Summary 2016**  **Think of alternative diagnosis**  **Red flags** - Exclude cancer/infection/trauma/inflammatory disease/serious neurological disease/cauda equina  **Risk assessment and treatment stratification Yellow flags** - including STarT Back risk assessment tool  **Imaging** - Do not routinely offer imaging in primary care |

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| **Referral Information, History & Examination** |
| Please summarise history and examination and investigation and management so far, you & your patients concerns and include in dictation box below.  Please complete this information as it may also help with onward referral, from CPS to SCPS, if required. | | |
| <Event Details> | | |
| Patient has been assessed in Community Pain / OIS clinic | | Yes  No |

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| **Low Back Pain:** | |
| Does the patient have limitations? Does the patient have beliefs about their back pain? | | | Yes  No |
| Is there a history of mental health issues? | | | Yes  No |
| Are there any co-morbidities including history of drug misuse? | | | Yes  No |
| Can the patient engage cognitively? | | | Yes  No |
| More than 6 weeks of continuous back pain? | | | Yes  No |
| Probable facet joint pain (lateralised lumbosacral pain, tender over a joint, pain on extension, lateral flexion) | | | Yes  No |
| Yellow flags/ fear of movement (included later on form) | | | Yes  No |
| Leg pain below knee | | | Yes  No |
| Has the patient had previous spinal injections? Please include clinic attended in history | | | Yes  No |
| <Numerics> | STarT Back Score for Low Back Pain | | |

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**All back pain patients requiring pain management should be referred to the Community Pain Clinic in the first instance**

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| **Referral Information for Community Pain Clinic** |
| The Clinic’s aim is to help people cope better with persistent pain and so reduce the impact on their quality of life.  After assessment, treatment packages may include:   * Exercise therapy, mood and stress management techniques, goal setting and TENS trial. * Small group Pain Coping Skills course. * Signpost to talking therapy options, Wellbeing College and Passport to Health activity schemes * Injection therapy to peripheral joints. * We do not offer spinal injection therapy or optimization of analgesic medicines. * Passive manual therapy, acupuncture and electrotherapy are very unlikely to be used. | |

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| **I am referring this patient to Community Pain Clinic with** | |  |
|  | Persistent musculoskeletal pain | |
|  | Low back pain and sciatica | |
|  | Whiplash associated disorder | |
|  | Cervicogenic headaches | |

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| **Currently we are not accepting referrals for** |
| Post-surgical pain, facial pain, cluster headaches, vulvodynia & pelvic pain. | |

**If you wish to have a referral to secondary care pain clinic considered, you must complete the following sections *and* confirm there are no exclusion criteria for this patient.**

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| **Secondary Care Pain Clinic Patients** | |
|  | Back Pain (patient must have been seen in community pain clinic first and referral suggested to secondary care): **Complete section A** | |
|  | Sciatica including acute severe sciatica (with or without back pain, community physiotherapy or community pain clinic must be arranged concurrently): **Complete section B** | |
|  | Suspected neuropathic pain: **Complete section C** | |
|  | Other persistent pain problem for multidisciplinary pain management/complex medication review excluding high dose opioids: **Complete section D** | |

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| 1. **Back Pain** |
| **Inclusion Criteria – all 3 must be present**  Pain for more than 6 months  Probable facet joint pain (see above) or Significant yellow flags (see below)  Has failed primary care and community pain management  **Exclusion Criteria (none must be present)**  Previously attended Pain Clinic and clinical situation remains the unchanged.  Red flags (see below) |

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| 1. **Sciatica with or without back pain** |
| **Inclusion Criteria – all 3 must be present**  Pain for more than 6 weeks  Leg pain below knee  Community physio or community pain management is arranged  **Exclusion Criteria (none must be present)**  Previously attended Pain Clinic and clinical situation remains the unchanged.  Red flags (see below) |

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| 1. **Suspected Neuropathic Pain** |
| **Including** Diabetic Neuropathic pain, Post Herpetic Neuralgia, Trigeminal Neuralgia, Post- operative neuropathic pain, Phantom Limb pain, Complex regional pain syndrome (CRPS)  **Inclusion Criteria** – all 3 must be present  Pain for more than 3 months  Pain Clinic to make diagnosis  Has failed Primary Care Management  **Exclusion Criteria (none must be present)**  Previously attended Pain Clinic and clinical situation remains the unchanged.  MS (unless suggested by Neurologist)  Headaches (unless suggested by Neurologist)  Post CVA Pain (unless suggested by Neurologist)  Fatigue/CFS/ME (see MoM Directory RNHRD referral form) |

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| 1. **Other Persistent Pain Problems (Not back pain)** |
| **Inclusion Criteria – all 3 must be present**  Is the patient willing to explore living well with pain?  The patient understands they will be receiving MDT management and not medical investigation, treatment or cure  Medical investigations have been completed |

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| **I confirm that there are no exclusion criteria for this patient for secondary care Pain Clinic** |  |

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| **Medical History** | <Problems>  <Summary> | |
| **Allergies** | <Allergies & Sensitivities> | |
| **Current Medications** | Acutes | <Medication> |
| Repeats | <Repeat templates> |

**Minimum Dataset:**

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| Heart rate | <Numerics>, <Diagnoses> |
| Smoking Status | <Diagnoses>, <Numerics> |
| Alcohol Intake | <Diagnoses>, <Numerics> |

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| **Have you considered the possibility of Axial Spondyloarthritis**?  If the patient has low back pain starting < 45 years, even more if <35 years, and lasted for longer than 3 months;  if back pain wakes them during night, improves with movement or with NSAIDs, and they have a history of arthritis, psoriasis, uveitis, IBD, enthesitis or FH of spondyloarthritis, consider referral to Rheumatology.  Review the criteria in detail, and the Spade Tool [www.spadetool.co.uk/](http://www.spadetool.co.uk/) on the Ardens ‘Ank Spon’ template.  NICE for more information:  [www.nice.org.uk/guidance/NG65/chapter/Recommendations#recognition-and-referral-in-non-specialist-care-settings](http://www.nice.org.uk/guidance/NG65/chapter/Recommendations#recognition-and-referral-in-non-specialist-care-settings) |

