Complex Pain & Addiction Services (CPAS) Referral Form

Please e-mail completed Referral Form to cpasclservices@vch.ca
Office Hours: Monday-Friday, 08:00-16:00 hours
Phone : 604-875-4788 | Fax : 604-875-4749
CPAS physician on call Saturday, Sunday, statutory holiday, 09:00-17:00 hours
Please call the hospital switchboard and ask for the physician on call
***Please do not send a fax ***

PATIENT'S INFORMATION - PCIS LABEL	Referring Physician's direct phone or pager number: _____ Staff or Resident's direct phone or pager number: _____

Date of Referral: _____

☐ VGH ☐ UBCH ☐ GFS

☐ Addiction Services ☐ Complex Pain Services ☐ Both

Admitting Diagnosis: _____

REASON FOR REFERRAL: (Please select all that are applicable)
☐ *Pain Management
☐ Opioid Agonist Therapy
☐ Withdrawal Management
☐ Substance Health

**** Physician referral required for medical assessment including all pain referrals. We require at least 72 hrs prior to patient discharge to complete a Complex Pain referral.***

Name of referring Staff Physician and Department: _____ Signature: _____

SUBSTANCE(S) OF CONCERN:
☐ Alcohol
☐ Opioids
☐ Cannabis
☐ Stimulants
☐ Rx Medication (Benzo's & Narcotics)
☐ Nicotine
☐ Other (s): _____

COMMENTS:
_____
_____
_____

Is the patient aware of the referral?
☐ Yes ☐ No

Are there inter-related services already involved?
☐ Consulting Psychiatry ☐ POPS ☐ Palliative Care

Estimated date of discharge: _____

Is this urgent? ☐ Yes, _____ ☐ No
URGENT referrals require a PHYSICIAN to PHYSICIAN call.