

REFERRAL FORM

*Submit a no-charge referral 3333 to MSP under Dr. Jason Caplan (#35917);
and Fax Referral to: 250-762-0819*

Patient Information / or Attach Label:

Referring Physician Info:

MD Name: _____

MSP #: _____

Tel. & Fax #: _____

Signature: _____

Date: _____

Patient Phone/Cell #: _____

PATIENT REFERRAL FOR NERVE BLOCKS/TRIGGER POINTS FOR TREATMENT OF:

- HEADACHES – Migraines, post-traumatic, cervicogenic, and tension type... refractory to treatment.
- NECK PAIN, SHOULDER PAIN, UPPER OR LOWER BACK PAIN (Please circle)
- REGIONAL MYOFASCIAL PAIN SYNDROME
- ATYPICAL FACIAL PAIN
- OCCIPITAL NEURALGIA
- FIBROMYALGIA

PATIENT DOES NOT HAVE THE FOLLOWING CONTRAINDICATIONS:

- Actively seeking narcotics/untreated substance abuse disorder
- Radiculopathy
- Significant anticoagulation or Immunocompromised
- Infection or unkempt condition in the area requiring treatment
- Under 18, pregnant, or breastfeeding
- needle phobia

Reason for referral: (please include a medical summary, and attach relevant consults and imaging reports)

**Please ensure that the patient has been investigated for any concerning symptoms or conditions, and that these have been excluded prior to referral to the Kelowna Nerve Block and Trigger Point Clinic **