Musculoskeletal
Central Intake &
Assessment Centre

Fax 1-888-556-0966
Phone 1-888-868-5568
www.mskciac.ca

Patients must be over 18 years of age at the time of assessment.

Referral Date:	YYYY	MM	DD

Patient is eligible for referral if over 18 years of age with: Persistent low back pain and/or related symptoms (e.g. sciatica, neurogenic claudication) 6 weeks to 12 months post-onset **or** Recurrent episodic unmanageable low back pain and/or related symptoms of less than 12 months post-recurrence.

Referring Physician Information

Name: ______________________________

Address: ______________________________
____

Phone: ______________________________

Fax: ______________________________

CPSO#/CNO# ______________________________

Billing # ______________________________

Signature: ______________________________

Patient Information

Name: ______________________________

Address: ______________________________
____

Date of Birth: ______________________________

Health Card #: ______________________VC: ________

Gender: ☐ Male ☐ Female

Phone: ______________________________

Alternate Phone: ______________________________

Preferred language

☐ English ☐ French ☐ Other _______________ Is a translator needed? ☐ **Yes** ☐ **No**

Reason for referral (check all that apply)

- ☐ Clarify diagnosis
- ☐ Recommend appropriate imaging
- ☐ Clarify need for specialist referral
- ☐ Recommend further treatment
- ☐ Clarify activity limitations/ restrictions
- ☐ Other, please specify

Important: Patient is ineligible if one or more of the conditions apply:

- Patient with RED FLAGS
- Initial low back related symptoms <6 weeks post onset
- Constant low back related symptoms > 12 months post onset
- < 18 years of age
- Established pain disorder
- Established narcotic dependency
- WSIB claim
- Motor vehicle accident patients
- Involved in active litigation
- Pregnant/post-partum patients (<1year)

Back Specific History

1. **Where has the pain/symptoms been the worst? (Check one)**

☐ Back Dominant ☐ Leg Dominant

2. **Are emergent RED FLAGS present?**

- **Possible Cauda Equina Syndrome:**
  - Loss of anal sphincter tone/ fecal incontinence
  - Saddle anaesthesia about anus, perineum or genitals
  - Urinary retention with overflow incontinence
- **Progressive neurologic deficit**
- **Significant trauma**

☐ No

☐ Yes. Please refer patient directly to the closest Emergency Department.

3. Is there a previous history of back problems?

☐ No ☐ Yes Describe:___________________________

4. Previous investigations, treatment or surgery for back problems?

No ☐ Yes ☐ Describe___________________________
____

5. Relevant co-morbidities/ Comments:

____

Does the patient have any YELLOW FLAGS?

- ☐ Belief that the pain is harmful or severely disabling
- ☐ Fear avoidance behaviour (avoiding activity because of fear of pain)
- ☐ Low mood and social withdrawal
- ☐ Expectation that passive treatment rather than active treatment will help

Please forward any additional information that will assist us in determining urgency

For use by Central Intake	Referral ID#:	MRN#:
Triage code:	Reviewed by:	Date: