

Patient Information			
*Name:		*OHIP#:	VC#:
☐ Female	Age:	*Date of Birth: yyyy-mm-dd	*Daytime Phone#:
☐ Male			
*Address:		*City:	*Postal Code:
Patient is eligible for Rapid Access Clinic - Low Back Pain (RAC - LBP) referral if over 18 years of age with: Patients w/ persistent LBP and/or related symptoms (e.g., sciatica, neurogenic claudication) that is not improving 6 wks. to 12 mos. from onset OR Patients w/ unmanageable recurrent episodic LBP and/or related symptoms of <12 mos. duration post-recurrence.			
IMPORTANT: Patient is ineligible for RAC - LBP referral if one or more of the conditions apply:			
▪ Patient with RED FLAGS ▪ Initial low back related symptoms <6 weeks post onset ▪ Constant/persistent LBP-related symptoms >12 months post onset ▪ <18 years of age ▪ Unmanaged established chronic multisite pain disorder		▪ Unmanaged established narcotic dependency ▪ Active LBP-related WSIB claim ▪ Active LBP-related motor vehicle accident claim ▪ Active LBP-related legal claim ▪ Pregnant/post-partum patients (<1 year)	
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:	
Back Specific History			
1. Where has the pain / symptoms been the worst? (Check one) ☐ Back Dominant ☐ Leg Dominant		3. *Is there a previous history of back problems? ☐ No ☐ Yes. Describe:	
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.		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 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	
Does the patient speak: ☐ English ☐ French ☐ Neither. If patient does not speak either English or French, we recommend they bring a translator.			
I hereby refer the above noted patient to RAC - LBP and a physician specialist as appropriate.			
*Referring Practitioner Name:		*Billing#:	*CPSO#/CNO#:
*Practitioner Address:		*Fax#:	
Practitioner Signature:		*Date of Referral:	