Referral Tool

Association chiropratique canadienne
Canadian Chiropractic Association

Date:	**Reason for Referral:**
Last name:	
First name:	
Personal health number:	
Diagnosis/Clinical Impression:	

Assessment

Chief complaint(s):

Pertinent history:

Comorbidities:

Current plan of management:

Red flags:

- Progressive neurological deficits: major motor weakness, disturbance of bowel and bladder control, saddle numbness
- Infection: fever, IV drug use, immune suppressed, osteomyelitis
- Fracture: trauma, osteoporosis
- Tumor: history of cancer, unexplained weight loss, fever, pain worse supine or at night
- Inflammation: morning stiffness > 30 minutes and < 45 years of age
- None identified
- Treatment recommended with consideration of red flags identified above

Yellow flags:

- Belief that back pain is harmful or potentially severely disabling
- Fear and avoidance of activity or movement
- Tendency to low mood and withdrawal from social interaction
- Expectation of passive treatment(s) rather than a belief that active participation will help
- Current substance dependence/intoxication
- Solicitous behaviours from others (family) or highly punishing social responses from others (e.g. co-workers, spouse)
- Poor job satisfaction
- None identified

Outcome Measures (as applicable)

	Baseline
Pain:	**/10**
Function - Activity: **- Activity:** **- Activity:**	
Disability - Test:	

Management

Conservative management:	Self-management:	Mental health management:	Other:
Manual therapy (may be provided by a chiropractor, physiotherapy, massage therapist, osteopath)	Exercise	Cognitive-behavioral therapy	Family physician
Nurse practitioner	Nutrition	Relaxation and mindfulness	Pharmacotherapy
Pharmacist	Meditation	Addiction services	Diagnostic imaging
Acupuncturist	Pain education	Psychotherapy	Specialist referral
Other	Other	Psychological services	Further testing
		Psychiatry services	
		Social worker	
		Other	

Referral Comments

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