



Mount Sinai Hospital

Sinai Health System
Joseph & Wolf Lebovic
Health Complex

600 University Avenue
Toronto, ON
M5G 1X5
T 416-586-4800
mountsinai.ca

Wasser Pain Management Centre

600 University Avenue
Toronto, Ontario, Canada M5G 1X5
www.mtsinai.on.ca

INPATIENT CONSULT REQUEST

Please complete and email to Leah Pink at leah.pink@sinaihealthsystem.ca
Alternatively you can fax to 416-586-5067. Please note that we operate on regular business days and there may be a 2-3 day delay in obtaining a consult due to clinic scheduling. We offer a consultation service only and will make recommendations back to the referring team for implementation. We will not be the primary prescribers.

Please print clearly

Patient Information

Patient Name: _____ **DOB** _____
(dd/mm/yyyy)

HCN: _____ **MSID** _____

Room number: _____

Provider Information

Referring Staff MD or NP: _____ **Billing #** _____

Phone: _____ **Fax:** _____

Pager: _____

Reason for Referral

- Chronic pain for 3-6 months
- High-dose opiates or escalating pain medication needs
- History of or current substance misuse issues/high risk for problematic use
- High-risk pregnancy and pain
- Other: _____

Estimated date of discharge: _____



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Medical history

Current medications and dosage

Opioid Risk Tool

(mark each box that applies; determine scoring total using the provided scores).

1. Family History of Substance Abuse:

Alcohol

Female

 1

Male

 3

Illegal drugs

 2 3

Prescription drugs

 4 4

2. Personal History of Substance Abuse:

Alcohol

 3 3

Illegal drugs

 4 4

Prescription drugs

 5 5

3. Age (mark box if between 16-45)

 1 1

4. History of Preadolescent Sexual Abuse

 3 0

5. Psychological Disease:

Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia
Depression

 2 2 1 1

Scoring Totals: _____

Total Score Risk Category:

Low Risk: 1-3

Moderate Risk: 4-7

High Risk: ≥ 8

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