

# Pain Reprocessing Therapy at Boulder Community Health

Boulder Community Health's (BCH) Mind Body Program (MBP) provides Pain Reprocessing Therapy (PRT) for chronic primary pain that cannot be explained by active structural tissue damage or diseases such as cancer/tumor, infection, fracture/sprain, neurological/nerve damage or autoimmune disorders.

PRT is an integrative health approach to chronic pain. The MBP team works collaboratively with various medical providers to support patients in recovery. PRT is not a stand-alone alternative treatment for active structural tissue damage or issues related to substance abuse/dependency or severe/persistent mental illness.

The PRT therapist does not prescribe medication to any patients. A patient experiencing any of the above concerns should not be referred for PRT and instead referred to the most medically appropriate treatment.

For questions about PRT or this referral process, please call 303-415-4299. Fax completed referral forms to 303-441-2202.

Referred patients should call 303-415-4299 to schedule a 30-minute consultation. PRT services will commence once the referral form is received.

## Referral for Pain Reprocessing Therapy with Boulder Community Health's Mind Body Program

**DO NOT REFER FOR MEDICATION.** The Mind Body Program does not provide medication services of any kind.

Referring clinician name and credentials:

NPI#:

Business name and address:

Clinician phone number:

Office Fax:

Patient name:

DOB:

Patient phone number:

Patient email:

Patient address:

## Patient Referral Information

If your patient is experiencing pain due to active structural tissue damage or disease, please do not proceed with this referral form. Refer your patient for the appropriate medical treatment.

What is the patient's chronic primary pain complaint?

If the pain originated with active structural tissue damage or disease but has not resolved with medical treatment/interventions, has the pain persisted for at least three months beyond the expected healing period?  Yes  No

Is the patient currently experiencing any of the following active, frequent, or recent high-risk issues?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Eating disorders            | <input type="checkbox"/> Self-harm                     | <input type="checkbox"/> Suicidal behaviors |
| <input type="checkbox"/> Psychosis/thought disorders | <input type="checkbox"/> Substance abuse or dependency | <input type="checkbox"/> N/A                |

If any boxes are checked, describe in detail the high risk issue the patient is experiencing:  N/A

Have you discussed this referral with your patient and has the patient explicitly expressed high interest in or willingness to participate in Pain Reprocessing Therapy?  Yes  No

In addition to this referral form, please include the pertinent medical notes that detail medical diagnoses, medical treatments or interventions, and medication list.

By completing this referral form and signing below, you are confirming that you have physically assessed this patient's pain and determined said pain cannot be explained by active structural tissue damage. This referral indicates you have medically cleared the patient for Pain Reprocessing Therapy.

**Referring clinician's signature:**

**Date:**

Please fax pertinent clinical notes and treatment history notes to 303-441-2202. Referred patients should call 303-415-4299 to schedule a 30-minute consultation.