



Directory

Diagnosis	Page
Abdominal Pain.....	2
Back Pain.....	3
Chest Pain.....	4
Facial Pain.....	5
Headache.....	6
Limb Pain.....	7
Musculoskeletal Pain.....	8
Neuropathic Pain.....	9
Pain Associated with Disease Process or Side Effects of Treatment.....	10



<p>Diagnosis/symptom Abdominal Pain</p>	<p>Referring provider's initial evaluation and management can include:</p> <ul style="list-style-type: none"> • Abdominal X-ray • Assess food allergies or sensitivities • Consider GI or GYN evaluation if indicated • Blood work to rule out infectious conditions 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Recurrent or chronic abdominal pain • Persistent postoperative pain 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Copies of medical records regarding past evaluation, treatment and functional assessment • Radiographic reports • Copies of diagnostic imaging studies • Relevant laboratory studies • Reports from any specialists seen • A complete list of all medications, supplements, and herbs used for treatment (current and past) • List of other therapies, including complementary integrative modalities used • Prior authorization for a comprehensive Pain Medicine Clinic visit 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Comprehensive team evaluation by physician, psychologist, and, if indicated, physical/occupational therapy
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> Urgent referral recommended for:

- ACUTE ONSET OF SEVERE ABDOMINAL PAIN may represent a medical emergency and should be referred to ED, GI, or surgery.

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.

Clinic phone: 206-987-1520. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.



Diagnosis/symptom

Back Pain

Refer children with severe back pain and neurologic deficit to Neurosurgery.

Refer children with bowel or bladder dysfunction to Neurosurgery urgently.

Refer children with suspected herniated disc to Neurosurgery or Orthopedics.

Consider Orthopedics for mechanical or structural abnormality.

Referring provider's initial evaluation and management can include:

- X-ray with flexion and extension of the spine
- Blood work to rule out infectious or rheumatologic conditions

When to initiate referral:

- Recurrent or chronic back pain

What can referring provider send?

- Copies of medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Copies of diagnostic imaging studies
- Relevant laboratory studies
- Reports from any specialists seen
- A complete list of all medications, supplements, and herbs used for treatment (current and past)
- List of other therapies, including complementary integrative modalities used
- Prior authorization for a comprehensive Pain Medicine Clinic visit

Children's workup will likely include:

- Comprehensive team evaluation by physician, psychologist, physical/occupational therapy

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.



Diagnosis/symptom	Referring provider's initial evaluation and management can include:	When to initiate referral:	What can referring provider send?	Children's workup will likely include:
<p>Chest Pain</p>	<ul style="list-style-type: none"> • Diagnostic evaluation by a pediatric cardiologist and/or pulmonologist • Blood work to rule out infectious or rheumatologic conditions 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Recurrent or chronic chest pain 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Copies of medical records regarding past evaluation, treatment and functional assessment • Radiographic reports • Copies of diagnostic imaging studies • Relevant laboratory studies • Reports from any specialists seen • A complete list of all medications, supplements, and herbs used for treatment (current and past) • List of other therapies, including complementary integrative modalities used • Prior authorization for a comprehensive Pain Medicine Clinic visit 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Comprehensive team evaluation by physician, psychologist, and, if indicated, physical/occupational therapy

> Urgent referral recommended for:

- ACUTE CHEST PAIN may represent a medical emergency and should be referred to the Emergency Department or Cardiology.

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.

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Diagnosis/symptom

Facial Pain

Additional referral to Neurology for numbness or tingling in the face to r/o mass or infiltrative lesion.

Refer to Dental Medicine, Otolaryngology as needed.

Referring provider's initial evaluation and management can include:

- X-rays of relevant areas
- Blood work to rule out infectious or rheumatologic conditions

When to initiate referral:

- Recurrent or chronic facial pain
- Pain associated with signs of autonomic dysfunction
- Neuralgias, herpes zoster

What can referring provider send?

- Copies of medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Copies of diagnostic imaging studies
- Relevant laboratory studies
- Reports from any specialists seen
- A complete list of all medications, supplements, and herbs used for treatment (current and past)
- List of other therapies, including complementary integrative modalities used
- Prior authorization for a comprehensive Pain Medicine Clinic visit

Children's workup will likely include:

- Comprehensive team evaluation by physician, psychologist, and, if indicated, physical/occupational therapy

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
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Diagnosis/symptom

Headache

Refer to Neurology Department: patients whose headaches begin shortly after arising from bed in the morning (i.e. positional headache), or for patients whose headaches are associated with transient neurologic deficits (e.g. hemiparesis, ophthalmoparesis, confusion).

Referring provider's initial evaluation and management can include:

- Brain imaging studies (MRI) and evaluation by a neurologist are suggested for patients who have chronic recurrent headache
- Blood work to rule out infectious or rheumatologic conditions

When to initiate referral:

- Recurrent or chronic headache
- Frequent, severe headache hindering functional ability

What can referring provider send?

- Copies of medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Copies of diagnostic imaging studies
- Relevant laboratory studies
- Reports from any specialists seen
- A complete list of all medications, supplements, and herbs used for treatment (current and past)
- List of other therapies, including complementary integrative modalities used
- Prior authorization for a comprehensive Pain Medicine Clinic visit

Children's workup will likely include:

- Comprehensive team evaluation by physician, psychologist, and, if indicated, physical/occupational therapy

> Urgent referral recommended for:

- New severe headache, acute onset headache with a focal neurologic deficit, or headache associated with papilledema should be referred to the Emergency Department.

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
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- Provide relevant clinical notes.



Diagnosis/symptom

Limb Pain

Refer to Orthopedics, Oncology, Rheumatology if indicated.

Fractures may require further evaluation in acute care.

Referring provider's initial evaluation and management can include:

- X-ray of affected limb and joints
- Blood work to rule out infectious or rheumatologic conditions

When to initiate referral:

- Recurrent or chronic limb pain

What can referring provider send?

- Copies of medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Copies of diagnostic imaging studies
- Relevant laboratory studies
- Reports from any specialists seen
- A complete list of all medications, supplements, and herbs used for treatment (current and past)
- List of other therapies, including complementary integrative modalities used
- Prior authorization for a comprehensive Pain Medicine Clinic visit

Children's workup will likely include:

- Comprehensive team evaluation by physician, psychologist, physical/occupational therapy

> Tips for an effective visit:

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Diagnosis/symptom
Musculoskeletal Pain

Refer to Rheumatology or Oncology, if indicated.

Refer to Orthopedics for patients with abnormalities on imaging studies or concerns for mechanical anomalies.

Referring provider's initial evaluation and management can include:

- Consider X-ray of affected area
- Blood work to rule out infectious or rheumatologic conditions

When to initiate referral:

- Recurrent or chronic musculoskeletal pain
- Fibromyalgia syndrome
- Myofascial pain syndrome

What can referring provider send?

- Copies of medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Copies of diagnostic imaging studies
- Relevant laboratory studies
- Reports from any specialists seen
- A complete list of all medications, supplements, and herbs used for treatment (current and past)
- List of other therapies, including complementary integrative modalities used
- Prior authorization for a comprehensive Pain Medicine Clinic visit

Children's workup will likely include:

- Comprehensive team evaluation by physician, psychologist, physical/occupational therapy

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Diagnosis/symptom

Neuropathic Pain

Refer to Neurology for differential diagnosis of etiology.

Refer to Orthopedics for abnormalities on imaging studies or concerns for mechanical anomalies or occult fracture.

Refer to Rheumatology for joint swelling, rashes, or other concern for rheumatic disease.

Referring provider's initial evaluation and management can include:

- Careful neurologic examination
- Evaluate history for indices of damage or irritation to nerves
- Blood work to rule out infectious conditions

When to initiate referral:

- Pain persists independent of ongoing tissue injury or inflammation
- Complex Regional Pain Syndrome

What can referring provider send?

- Copies of medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Copies of diagnostic imaging studies
- Relevant laboratory studies
- Reports from any specialists seen
- A complete list of all medications, supplements, and herbs used for treatment (current and past)
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- Prior authorization for a comprehensive Pain Medicine Clinic visit

Children's workup will likely include:

- Comprehensive team evaluation by physician, psychologist, physical/occupational therapy

> Tips for an effective visit:

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Diagnosis/symptom

Pain Associated with Disease Process or Side Effects of Treatment

- Cancer
- Cystic Fibrosis
- ENT
- Hepatic Disease
- HIV/AIDS
- JIA
- Renal Disease
- Pancreatitis
- Sickle Cell Disease

Referring provider's initial evaluation and management can include:

- Evaluation by the relevant subspecialists treating the disease
- Blood work to rule out infectious or rheumatologic conditions

When to initiate referral:

- Recurrent or chronic pain
- Exacerbation of acute or chronic pain
- Initiate and expedite referral when sub-specialists or the primary community provider requests consultation to enhance current pain management regimen.

What can referring provider send?

- Copies of medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Copies of diagnostic imaging studies
- Relevant laboratory studies
- Reports from any specialists seen
- A complete list of all medications, supplements, and herbs used for treatment (current and past)
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