Patient Referral

Please include an up-to-date medication list and allergy status, pertinent blood tests, radiology reports, specialist letters, other relevant investigations and details of pending investigations or specialist reviews.

PATIENT DETAILS:

Name

Address		Date of pirth
Home phone	Mobile	Email
Funding: Private WorkCo	over OTAC ODVA OUninsured	Onterpreter required Language:
DETAILS OF REFERRAL (TICK ALL THAT APPLY):		ADDITIONAL FEATURES:
CRPS Headache / Facial p	pain Neck pain Shoulder pain	Cancer-related pain Post-surgical pain
Arm pain Low back pain Abdominal / Pelvic pain		Neuropathic features
Leg pain Hip pain Knee pain Widespread pain		Sympathetic features
FURTHER CLINICAL DETAILS:		
SERVICES REQUIRED (TICK ALL THAT MAY APPLY):		REFERRER:
Multidisciplinary Pain Management:		Name
General pain management advice and treatments Pain psychology		Phone
Pain occupational therapy Pain dietetics Pain physiotherapy		Fax
Opioid management / addiction medicine Pain psychiatry		Date
Interventions:	Neuromodulation Procedures:	Provider No.
Nerve & joint blocks	Spinal cord stimulation	
Sympathetic blocks	O Dorsal root ganglion stimulation	
Radiofrequency treatments	Sacral nerve stimulation	
Platelet-Rich Plasma	Peripheral nerve stimulation	

Date



REFERRAL TO:
Next available Name:
REFERRAL PERIOD:
3 months
12 months
○ Indefinite
Other:

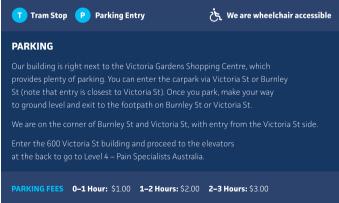
All correspondence & enquiries:

Pain Specialists Australia Level 4, 600 Victoria St Richmond VIC 3121

- 1300 798 682
- 1300 798 385
- reception@painspecialistsaustralia.com.au
- referrals@painspecialistsaustralia.com.au
- N painspecialistsaustralia.com.au

RICHMOND Level 4, 600 Victoria Street





WARRINGAL Level 5, 10 Martin Street

