

Contact Details (Please ensure contact information is clearly written for notification of appointment)

Requesting Doctor Name:		Patient Name:	
Clinic Address :		Acct No / IC No:	<div style="border: 1px dashed black; border-radius: 15px; padding: 10px; width: fit-content; margin: auto;"> Stick Patient Label here </div>
		Address:	
Contact No: (Off)	(Fax)	Contact No: (Off)	(HP)
Date:	Signature:	Ward:	Bed:
		<i>Please circle accordingly:</i>	
		Non-Subsidised / Subsidised	

Clinical History (To be completed by requesting doctor)
Drug Allergy :
Purpose of Referral : (Please indicate: Pain location / Duration / Neuropathic / Cancer / Mechanism of Pain)
Clinical Issues : (DM / Hypertension / IHD / Renal Impairment / Anxiety / Depression / Anti-Coagulant Therapy)
Please tick ONE of the required Pain Management Clinics

<input type="checkbox"/>	General Pain Management Clinic Patients with diagnosed painful condition > 3 months and meet the following criteria: <ul style="list-style-type: none"> • moderate to severe pain • neuropathic pain of any duration • early cancer pain patients who decline referral to Palliative Care Cancer Pain Clinic • pain due to dysfunction of pain sensation (eg Chronic Regional Pain Syndrome)
<input type="checkbox"/>	Interventional Pain Management Service Patients who will benefit from minimally invasive pain management procedures such as: <ul style="list-style-type: none"> • epidural / transforaminal steroid injection for radicular back pain syndrome and radiofrequency ablation for neck and back facet pain • intrathecal and epidural analgesia for severe cancer and non-cancer conditions • radiologically and ultrasound guided blocks (eg celiac plexus block & stellate ganglion blocks) • neurostimulation techniques such as spinal cord stimulators
<input type="checkbox"/>	Musculoskeletal Pain Management Service <ul style="list-style-type: none"> • Patients with moderate to severe painful musculoskeletal conditions (including acute conditions < 3 months)
<input type="checkbox"/>	Cancer Pain Clinic Patients with early cancer and the main symptom presenting symptoms is pain Refer patients instead to the Palliative Care Services if they meet the following criteria: <ul style="list-style-type: none"> • patients suffering from advanced cancer presenting with pain • patient with symptoms other than pain eg breathlessness, nausea and vomiting • patients with significant psychosocial / spiritual issues
<input type="checkbox"/>	Elderly Pain Clinic <ul style="list-style-type: none"> • Elderly patients > 75 years old who are not suitable for interventional pain procedures • More than one pain comorbidity OR functional impairment due to a non-pain comorbidity
<input type="checkbox"/>	Cognitive Behavioural Therapy Pain Management Clinic <ul style="list-style-type: none"> • Group therapy • English speaking patients whose primary medical investigations and treatments have been completed and have not responded significantly to medical or surgical interventions
<input type="checkbox"/>	Pain Psychology Clinic <ul style="list-style-type: none"> • Patients desiring self management and improved quality of life through non-surgical methods • Patients not keen on group intervention • Patients require a co-referral to a Pain Management Clinic doctor
<input type="checkbox"/>	Pain Rehab Clinic (PRC) <ul style="list-style-type: none"> • Cases with chronic pain that has functional deterioration that require rehabilitative approach or disability remediation / assessment and deemed not suitable or refused surgical treatment

Fax completed forms to PMC Office at 6357-2155

Please assist to:

- ensure that **contact details** and **clinical history** are entered clearly
- give patient a **photocopy of the referral form to bring during the first visit**

Patient will be contacted within 3 working days of the referral

For **repeat visits** to Pain Management clinics, please **do not** use this form

For enquiries, please call 9722-1715 **during office hours**