

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

Requesting Doctor Name: Clinic Address :	Patient Name: Acct No / IC No: Address: <div style="border: 1px dashed black; border-radius: 15px; padding: 20px; text-align: center; width: 80%; margin: 0 auto;"> Stick Patient Label here </div>
Contact No: (Off) (Fax)	Contact No: (Off) (HP)
Date: Signature:	Ward: Bed: Please circle accordingly: 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 68894827

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 68894828 **during office hours**