Chronic Pain Management Program
Referral Form

Please note any one of the following are exclusion criteria for the program, individuals who are:

- Under the age of 18.
- Receiving active treatment for cancer, infection or fractures.
- On workers compensation, third party and/ or motor accident injury claims.

Client Details

Name: Gender:

Date of Birth: ___/___/___

Address: Postcode:

Tel: Email:

Other Contact Details

Next of Kin / Other contact person:

Relationship: Tel:

This person can be contacted in case of emergency ☐ yes /☐ no

Referrer details

Name: Organisation:

Address: Postcode:

Phone: Fax:

Email: Mobile:

Referrer consent (referrer to complete)

I have discussed the proposed referral with the client and

- ☐ *The client understands the goal of the chronic pain program.*
- ☐ *The client is willing to participate in the program*
- ☐ *The client is medically capable of completing the physical components of this program – they should be able to maintain a conversation during these exercises without getting short of breath.*
- ☐ *The client has given verbal consent to be contacted by the Chronic Pain Program Coordinator.*

Signature:

Date:

Please complete a summary of the client's current medication on page two of this referral form.

Chronic Pain Management Program Referral Form

Medication Details:

Attach a list of the client's prescribed medications or record them below:

NB: The client's oral morphine daily dose (oMEDD) will be calculated using this information. If it is over 60mg oMEDD, they will be contacted to discuss suitability for the program.

Medication name	Medication Dosage	Quantity	How many days per week to be taken?

Please fax or email the completed form to **GPH Chronic Pain Program Coordinator**

via secure fax: 02 4448 2289

or email: painmanagement@gph.org.au (please note, this is not a secure email address. To improve privacy, start the new email, click on 'Options' up the top of the screen, then 'Encrypt', then type and send)

For further information contact Pain Program Coordinator (Annette) on **1800 879 096 or painmanagement@gph.org.au**