Merri Health Chronic Pain Management Servoce GP Referral

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| **Referral Date:**    /    /  **GP Review Date:**    /    / |

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| **Referral to:**  Name:  Address:    Phone:  Fax:  Email: |  | **Referring General Practitioner** (stamp): |

Patient Details

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| Name:  Date of Birth:    /    /  Preferred name/s:  Gender:  Title: |  | Address:    Phone:       Work:  Mobile:  Email: |
| Alternative Contact: | | |
| Indigenous Status: | | |

Reason for patient referral (e.g. what does the patient hope to achieve through this referral?)

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Description of presenting and underlying pain issues (e.g. pain onset, location, nature and duration, psychological status, details of previous pain management interventions and their outcomes)

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Other notes (e.g. social, spiritual, diversity, and vulnerable population considerations)

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Current or previous services (e.g. psychology, psychiatry, physiotherapy, osteopath)

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| Type of service | Organisation | Timeline | Contact details or other information as appropriate |
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Referrals sent

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| Type of service | Organisation | Purpose of referral |
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| Interpreter required:  Preferred language is:  Pension Card Number: |  | DVA Number:  Insurance:  Medicare Number: |

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**Consent to referral and sharing of relevant information:**  Yes  No

Attach ‘Patient Consent Form’ if restrictions apply.

Clinical information

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**Warnings:**

**Allergies:**

**History of alcohol, recreational or injectable drugs, or prescription medicine misuse:**

**Current Medication (including non-prescription medicines, herbs and supplements):**

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| --- | --- | --- | --- |
| Drug name | Ltd. elapse | Strength | Dose / frequency / special |
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| **Social History:** |

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| **Comprehensive Past Medical History (including psychiatric e.g. PTSD):** |

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| **Investigations / Test Results (e.g. neurological or orthopaedic imaging, nerve conduction studies, HbA1c):** |

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| **Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues):** |

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🖂 **Email** this form to: [service.access@merrihealth.org.au](mailto:service.access@merrihealth.org.au) Or 🖷 **Fax** this form to: **(03) 9495 2599**

**Call 1300 637 744 for assistance**