Gold Coast Primary Health Network (GCPHN) Persistent Pain Program
Returning Officer: Joyce McSwan – Mobile 0412 327 795

Please Fax to: 07 3539 9801

GCPHN Persistent Pain Program Referral Form 2017/2018

PATIENT DETAILS

Date of Referral:	Date of Birth:	Gender: M / F
Title: Surname:	First Name:	Middle Name:
Address: :		
Daytime contact number: Home:	Work:	Mobile:

PATIENT PRESENTATION

Clinical History:

PAST HISTORY

Has the patient previously visited a pain clinic or participated in in pain management program?
YES/NO

If so, Where , When

The patient has met ALL the following criteria to be eligible for the program (please tick):

- ☐ The patient has persisting pain which has lasted for more than 3-6 months
- ☐ The patient is not suitable for surgical or urgent pain specialist interventions
- ☐ The patient is not a palliative care patient
- ☐ The patient requires improved self-management strategies and skills to optimise ongoing care
- ☐ The patient is able to participate in group education
- ☐ Able to give voluntary, informed consent for the ongoing collection of audit data.

REFERRING DOCTOR/Organisation DETAILS
A GP Sign off is mandatory for this referral to be accepted

Please stamp/insert details:

Doctor's Signature____

Date____

REFERRING ALLIED HEALTH PROFESSIONAL DETAILS (if this applies)

Please stamp/insert details:

AH Signature:____

Date:____

On the receipt of this referral, the patient will be contacted with details of the Gold Coast Primary Health Network's Persistent Pain Program to be reviewed with an initial service assessment. Our Service Assessments will be held at our office at The Atrium, Varsity Lakes. The Pain Education Program will be held at various north and south community centres on the Gold Coast. Patients will be able to choose from a selection of dates to suit their individual needs. Please provide for your patient the included "Patient Information Sheet" for their further information. Patients can also call us directly to enquire further on: 0412 327 795

GCPHN is collecting your personal information for the purpose of assisting its activities and functions in the primary health care sector. Your contact details may be used to forward information and notifications from GCPHN. In some circumstances we may provide your information to our funding agency (Dept of Health) or to service providers that enter into legal contracts with us which are bound by confidentiality. There is no legal requirement for you to provide your personal information, however if you chose not to disclose your personal information this may exclude you from our services and programs. We do not routinely disclose information overseas. For further information on how we manage your personal information see our website www.healthygc.com.au