

# PainScience Referral for Outpatient Appointment



## PainScienceWA® at JHC

Level 1, Suite 111  
Specialist Center West  
Joondalup Health Campus  
Joondalup WA 6027

## Specialists

Prof. E Visser	Dr H Zahoor
Prof. M Veltman	Dr N James
Dr R Menon	Dr D Halmagiu
Dr B Hue	
Dr J Jarman	

### For All Bookings

Telephone: (08) 9400 9441

Fax: (08) 9400 9086

This appointment is urgent

## Patient Details

URN: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Gender: Male  Female  DOB: \_\_\_\_\_

### Surgery / Procedure / Reason for Admission:

I refer this patient to the Specialists and/or Fellows named above for outpatient services at PainScience

### Reason for referral (please include urgency and discharge medications):

## Referring Doctor

Name: \_\_\_\_\_

Provider No.: \_\_\_\_\_

Date: \_\_\_\_\_

Are you patient's usual doctor? Yes  No

If no, please name: \_\_\_\_\_

Discussed with PainScience Consultant? Yes  No

If yes, who did you consult?

Name: \_\_\_\_\_