PainScience®
Referral for Post-Discharge Outpatient Appointment

PainScience

PainScience®
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Specialists
Prof. Eric Visser
Prof. Michael Veltman
Dr Rajiv Menon
Dr Brian Hue
Dr James Jarman

Patient Details (apply sticker if preferred)

URN _____

Surname _____

Given Name _____

Gender ◯ Male ◯ Female **DOB** _____

Surgery / Procedure / Reason for Admission

_____

_____

_____

_____

_____

I refer this patient to the Specialists (Prof. E Visser, Prof. M Veltman, Dr R Menon, Dr B Hue & Dr J Jarman) at PainScience® for outpatient services.

Reason for referral (please include urgency and discharge medications)

_____

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_____

Referring Doctor

Name _____

Provider No. _____

Date _____

Are you the patient's usual doctor? ◯ Yes ◯ No

If no, please name _____

◯ **This appointment is urgent**

Discussed with PainScience® Consultant?

◯ Yes ◯ No

If yes, who did you consult?

Name _____

Patients should be aware that a gap payment may be applicable in some cases