

Patient Details (apply sticker if preferred)

Name _____

DOB _____

Address _____

Telephone _____

Mobile _____

Insurance

- Private insurance
 Workers' Compensation
 Motor Vehicle/ICWA
 Pensioner/
Health Care Card

Preferred Specialists

- Any Specialist
 Prof. Eric Visser
 Prof. Michael Veltman
 Dr Rajiv Menon
 Dr Brian Hue
 Dr James Jarman

Reason for referral (tick all that apply)

Specialist Consultation (including Multidisciplinary Case Conference)

Pain Management Procedure _____

All patients will have a specialist consultation to determine the best pain management approach or procedure

Main Pain Problem

Attach referral letter with clinical information (including medications)

Referring Doctor (apply stamp if preferred)

Name _____ **Provider No** _____

Practice Details _____

Signature* _____ **Date** _____

*I refer this patient to Prof. E Visser, Prof. M Veltman, Dr R Menon, Dr B Hue or Dr J Jarman.

**Please send the completed form (along with relevant correspondence)
email reception@painscience.com.au or fax (08) 9204 4833**

To make a booking please email reception@painscience.com.au or call (08) 6205 7104.

To learn more about your pain condition, please visit painscience.com.au

*Patients should be aware that a gap payment may be applicable in some cases.
Waiting times may also apply for consultations or procedures.*