Government of South Australia

Health
Southern Adelaide
Local Health Network

Referral to Flinders Medical Centre Pain Management Unit

Fax: (08) 8204 5440
Postal: Pain Management Unit,
Flinders Medical Centre
BEDFORD PARK SA 5042

Please select preferred doctor:

- ☐ Dr P Kang
- ☐ Dr J Chan
- ☐ Dr M Wahba
- ☐ Dr H Venugopal
- ☐ Dr V Kochiyil
- ☐ Dr P Herriot

Patient Label

Patient Details

Full Name: ..... FMC UR: .....

DOB: ... / ... / ... Sex: ..... Next of kin: .....

Aboriginal/Torres Strait Islander: .....

Language: ..... Interpreter required ☐

Address: .....

Phone: ..... Mobile: .....

Medicare No: ..... Expiry Date: ... / ... / ...

All referrals need to comply with the SALHN ACI Service referral guidelines.
Details can be found on the SA Health website www.sahealth.sa.gov.au/salhnoutpatients

Detailed reason for referral

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Preliminary Diagnosis

Past Medical History

Date:	Condition:

Current Medications

Duration of referral: ☐ 12 Months (GP) ☐ 3 months (Specialist) ☐ Indefinite

Referrer's Details

Full Name: ..... Provider No: .....

Practice: .....

Address: .....

Phone: ..... Fax: .....

Date: ...../...../..... Signature: