

Northern Adelaide Local Health Network
Northern Pain Rehabilitation Service
 Referral Information Requirements

The Northern Pain Rehabilitation Service is a multidisciplinary service providing a bio-psychosocial approach to management of persistent pain. This incorporates a specialised assessment, multi-disciplinary pain programs, pharmacological optimisation and non-pharmacological therapies. For the majority of our consumers our group **Pain Health Workshop is the first** and most important step in learning to better manage pain. **This service does not currently offer interventional procedures.** The service believes in evidence based use of opioid medication. Active substance abuse issues should be referred to DASSA: 1300 131 340.

Please complete both sides of this referral form fully and attach all relevant correspondence and reports to enable appropriate triage. For internal referrals this form is available on the NALHN intranet search Pain Rehabilitation Unit.

No appointment can be offered until the required information has been received and the consumer has consented to the referral being made.

Conditions treated by our service include:

- Neuropathic pain e.g. CRPS / post herpetic neuralgia / peripheral / central neuropathies
- Visceral pain e.g. IBS / chronic pancreatitis / recalcitrant angina
- Musculoskeletal conditions
- Headaches and facial pain
- Persistent pain without obvious organic pathology

Please note the Northern Pain Rehabilitation Service does not provide:

- Third party assessment e.g. Return to Work SA, Disability Support, Medico-Legal
- Addiction treatments
- Validation of inappropriate opioid prescription
- Management of acute mental health issues
- Second opinion after previous assessment by other pain service, public or private

Northern Pain Rehabilitation Service Referral			
Consumer details			
Surname		First Name	DOB:
Address		Phone (H):	Phone (M):
		Email:	
Medicare No:			
Country of Birth:		Interpreter required? If Yes, please specify:	
Language:			
Is client of Aboriginal origin? Yes No		Is the consumer on a Pension? If Yes, please specify type:	
Is client Torres Strait Islander? Yes No			

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Accommodation Setting:

e.g. Private Residence, Residential Care, Supported Living

Consumer History	Attached to referral
Please attach relevant correspondence and reports including details of the condition requiring treatment by our service. A referral will not be accepted without accompanying documentation	
Condition requiring Treatment by our Service	Y <input type="checkbox"/> N <input type="checkbox"/>
Past Medical / Surgical History	Y <input type="checkbox"/> N <input type="checkbox"/>
Current Medications (dosage, route, frequency and include analgesics)	Y <input type="checkbox"/> N <input type="checkbox"/>
Alerts to Infections Status, Allergies or Communicable disease	Y <input type="checkbox"/> N <input type="checkbox"/>
Blood Test Results	Y <input type="checkbox"/> N <input type="checkbox"/>
Radiology Results	Y <input type="checkbox"/> N <input type="checkbox"/>
Current Treatment from other Specialist or Allied Health Service Providers for the same pain problem	Y <input type="checkbox"/> N <input type="checkbox"/>
Mental Health History, including any inpatient admissions	Y <input type="checkbox"/> N <input type="checkbox"/>
Psycho-social issues	Y <input type="checkbox"/> N <input type="checkbox"/>
History of Assessment by another Pain Service, Specialist Doctor or Rehabilitation Service for pain management	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the consumer understand that the referral is being made and why ?	Y <input type="checkbox"/> N <input type="checkbox"/>

Referring Medical Officers details

Full Name:

Phone:

Organisation/practice name:

Fax:

Date of referral :

Nominated General Practitioners details Must be identified if not the referring medical officer

Full Name:

Phone:

Organisation/practice name:

Fax:

Is the General Practitioner aware of, and agrees to this referral?

Y N

Thank you for completing this referral. Please return via fax to: 08 7321 4170 or email to: health.NorthernPainRehabService@health.sa.gov.au

Northern Adelaide Local Health Network
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