Pain Clinic Referral Proforma

**Patient Details**

|  |
| --- |
| Patient Name       |
| DOB       | Hospital No.       | NHS No.       |
| Tel.       | Mobile       | Gender  |
| Address       |

**Referrer Details**

|  |  |
| --- | --- |
| Referring GP       | Date of Referral       |
| Referring Practice       | Urgency  |

**Pain Details**

|  |
| --- |
| Presenting Pain Problem       |
| Duration of Pain  | Previously seen in pain clinic  |
| Have red flags been excluded? Yes[ ]  No[ ] \*\* |
| Has treatable pathology been excluded/managed optimally? Yes[ ]  No[ ] \*\* |
| Relevant History       |

**Medications**

Please attach a copy of current medications to the referral

Analgesics tried:

|  |  |  |  |
| --- | --- | --- | --- |
| Amitriptyline [ ]  | Gabapentin [ ]  | Pregabalin [ ]  | Duloxetine [ ]  |
| Paracetamol [ ]  | Codeine [ ]  | NSAID [ ]  | Strong opioid [ ]  |

**Past Medical History**

Please attach a copy of current and past medical problems to the referral

Psychosocial Problems§

|  |  |
| --- | --- |
| Current anxiety/depression  | Previous suicide attempt  |
| Current or past alcohol/substance abuse  |
| Other Psychiatric condition:       |
| Other relevant social difficulties       |

**Back and Radicular (Sciatic) leg pain referrals:**

|  |
| --- |
| Community Physio Report attached Yes[ ]  No[ ]  (referral will be rejected) |
| MRI scan requested/performed Yes[ ]  No[ ]  (referral will be rejected) |