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) |