**Pain Clinic Referral Proforma**

Referring GP Name… Date……………………..

GP Practice Address: Practice Code……………

……………………………………………… PCT……………………..

………………………………………………

………………………………………………

Postcode……………………..

Tel No……………………….

Fax No………………………

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**1. Patient Details**

Patient Surname…………………………. Date of Birth…………………….

Patient Forename………………………… Sex M/F…………………………

Address………………………………….. NHS No…………………………

…………………………………………...

……………………………………………

Postcode…………………………………. Tel No…………………………..

Interpreter Required – Y / N

If yes which language……………………

Communication Needs (please tick) Sight Hearing Speech

Details…………………………………………………………………………………

………………………………………………………………………………………...

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**2. Social Details**

Housing (please tick)

House Flat Bungalow Sheltered Housing

Warden Controlled Nursing/residential Home

Have any adaptations been made to the home? – Yes / No

Details…………………………………………………………………………………………………………………………………………………………………………..

Does the patient have a carer? – Yes / No

Does the patient have a care package? – Yes / No

Details of Social Worker/Case Manager (if known)……………………………………

………………………………………………………………………………………….

…………………………………………………………………………………………

**3. History of Current Pain Problem/s**

**4. Previous Pain Treatment/s**

**5. Current Medication**

|  |  |
| --- | --- |
| **Name of medication** | **Dose** |
|  |  |

**6. Medical History**

Allergies/Adverse reaction……………………………………………………………

Diabetes [ ] IHD [ ] Rheumatology [ ] Malignancy [ ] COPD [ ]

Mental health history [ ] Osteoporosis [ ] TB/Infection [ ]

Dementia [ ] Hypertension [ ] Renal/Liver impairment [ ]

Other [ ]

**7. Investigation and Results**

|  |  |  |
| --- | --- | --- |
| **Investigation** | **Date** | **Results** |
| Weight/BMI |  |  |
| Blood test – FBC |  |  |
| Blood test – U+E/LFT |  |  |
| Blood test – other |  |  |
| BP/pulse |  |  |
| Urinalysis |  |  |
| X-ray (if required) |  |  |
| MRI/CT scan |  |  |
| Other |  |  |