

Pain Clinic Referral Proforma

Referring GP Name... Date.....
GP Practice Address: Practice Code.....
..... PCT.....
.....
Postcode.....
Tel No.....
Fax No.....

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.....			
.....			

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		