

Referral Form

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**NORTHERN
PAIN CENTRE**

Dear DoctorOR first available doctor

Patient Details

Name

Date of Birth

Telephone Number

Presenting complaints

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Arm pain | <input type="checkbox"/> Knee pain | <input type="checkbox"/> Neuropathic pain |
| <input type="checkbox"/> Leg pain | <input type="checkbox"/> Shoulder pain | <input type="checkbox"/> Headache | <input type="checkbox"/> Complex regional pain syndrome |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Hip pain | <input type="checkbox"/> Pain after surgery | <input type="checkbox"/> Other – specify |

Clinical Information

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Referrer Details

Name

Address

Provider Number

Signature Date

Services Provided

Interventional Procedures

- Diagnostic Interventions
- Radiofrequency Treatments
- Pulsed Radiofrequency Treatments

- Spinal Cord Stimulation
- Regenerative Therapies

Multidisciplinary Therapies

- Psychiatry
- Clinical Psychology
- Physiotherapy

Practice Locations

St Leonards

Suite 6, Level 4
North Shore Private Hospital
Westbourne Street
St Leonards 2065

Norwest

Q Central Building
Suite 107A, Level 1
10 Norbrik Drive
Bella Vista 2153

Brookvale

Dale Street
Medical Specialists
Unit 119/20 Dale Street
Brookvale 2100

Erina

Central Coast Neurosciences
Element Building
Suite 2, Level 1
200 Central Coast Highway
Erina 2250