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GP REFERRAL
Chronic Pain Physiotherapy & Coaching
 Referral Date: / /
 Referring General Practitioner (stamp):

Patient Details

Name: _____
 Date of Birth: / / _____
 Preferred name/s: _____
 Gender identification: _____
 Alternative Contact: _____
 Indigenous Status: _____

Address: _____

 Phone: _____
 Mobile: _____
 Email: _____

Reason for client referral (What does the client hope to achieve through this referral?)

Description of presenting and underlying pain issues (Pain onset, location, nature and duration, psychological status, details of previous pain management interventions and their outcomes)

Other notes (i.e. social, spiritual, diversity, and vulnerable population considerations)

Current or previous services (i.e. psychology, psychiatry, physiotherapy, osteopathy, exercise physiology)

Type of service	Organisation	Timeline	Contact details or other information as appropriate

Referrals sent

Type of service	Organisation	Purpose of referral

Enhanced Primary Care Program: Y N
 TAC or WorkCover Number: _____
 Pension Card Number: _____

DVA Number: _____
 Insurance: _____
 Medicare Number: _____

Consent to referral and sharing of relevant information: Yes No

Clinical information

Warnings: _____

Allergies: _____

History of alcohol, recreational or injectable drugs, or prescription medicine misuse: _____

Current Medication (including non-prescription medicines, herbs and supplements):

Drug name	Ltd. elapse	Strength	Dose / frequency / special

Social History:

Comprehensive Past Medical History (including psychiatric i.e. PTSD):

Investigations / Test Results (i.e. neurological or orthopaedic imaging, nerve conduction studies, HbA1c):

Details of any current behaviours that may impact on the person's ability to participate in an active pain management approach (i.e.. fixed beliefs, level of alcohol intake, cognition issues, high distress):

Email this form to: nic@mindfulbeing.au

Call 0468 367 817 if you would like to discuss your referral or learn more about client costs

Referring doctor: _____ Client name: _____ Date: / /

