



Pain Management Referral

Experts in treating chronic persistent pain conditions.

Patient Details

Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Diagnosis

Treatment

- Multidisciplinary Pain Management Assessment
- REGAIN Intensive Multidisciplinary Pain Management Group Program
- One on One Individual Pain Program
- Pain Physiotherapy
- Pain Psychology
- Specialist Pain Medicine Physician & Consultant Psychiatrist

Additional Information

- Workers Compensation
- CTP Third Party
- Health Fund
- Private
- EPC
- MHCP
- DVA
- Other

Referrer Details

Name: _____ Provider No.: _____

Address: _____

Phone: _____

Date: _____

Signature: _____

Comments

Does the patient require the assistance of an accredited translator to assist them with their appointment? Yes / No

Does the patient require assistance with Transport and/or accommodation? Yes / No

Practice Address

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