

Referral Form

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**NORTHERN
PAIN CENTRE**

Dear Doctor

OR first available doctor

Patient Details

Name

Date of Birth

Telephone Number

Presenting complaints

- | | | | |
|------------------------------------|--|---|---|
| ☐ Back pain | ☐ Arm pain | ☐ Knee pain | ☐ Neuropathic pain |
| ☐ Leg pain | ☐ Shoulder pain | ☐ Headache | ☐ Complex regional pain syndrome |
| ☐ Neck pain | ☐ Hip pain | ☐ Pain after surgery | ☐ 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

Terrey Hills

Suites 13 & 14, Level 1
Wyvern Private Hospital
33A Myoora Road
Terrey Hills, NSW, 2084

Erina

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

Wagga Wagga

Suite 5/2 Docker Street
Wagga Wagga
NSW, 2650