

# PainScienceWA Referral for Outpatient Appointment

## PainScienceWA® at JHC

Specialist Medical Assessment Clinic  
Unit 6, 65 Grand Boulevard  
Joondalup WA 6027

## Specialists

Prof. E Visser	Dr R Menon
Prof. M Veltman	Dr D Halmagiu
Dr P Kriel	Dr D Anderson
Dr J Jarman	

### For All Bookings

Telephone Bookings: (08) 9400 9020

Please fax to: (08) 9400 9975

This appointment is urgent

## Patient Details

URN: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Gender: Male  Female  DOB: \_\_\_\_\_

### Surgery / Procedure / Reason for Admission:

I refer this patient to the Specialists (*Prof. E Visser, Prof. M Veltman, Dr P Kriel, Dr J Jarman, Dr R Menon, Dr D Halmagiu, Dr D Anderson, Dr N James & Dr B Hue*) at PainScienceWA® at JHC for outpatient services.

### Reason for referral (please include urgency and discharge medications):

## Referring Doctor

Name: \_\_\_\_\_

Provider No.: \_\_\_\_\_

Date: \_\_\_\_\_

Are you patient's usual doctor? Yes  No

If no, please name: \_\_\_\_\_

Discussed with PainScienceWA® Consultant? Yes  No

If yes, who did you consult?

Name: \_\_\_\_\_