

Pain Recovery & Rehab Program

Patient Referral



Patient Name

Date of Birth

Contact Ph Number

Date of injury/pain starting

Reason for Referral including relevant medical history

Current Work Status

Is your injury/diagnosis compensable?

NT Motor Accident Compensation Scheme (MAC)

NT WorkSafe

n/a

Other:

Insurer

Case Manager

Claim Number

Case Manager Ph


Referring GP (Provider Number stamp)

Referring GP Contact Ph

Please note

Pain NT is a community-based pain management program and is **not part of the hospital pain clinic.**

For medication reviews, please refer the client to the Royal Darwin Hospital **Chronic Pain Service** via:

 (08) 7979 9577


 ChronicPainService.DoH@nt.gov.au


This is an editable PDF.

Return the completed form to:

 admin@innovativerehab.com.au

Alternatively, print and return the completed form to either:

 MAIL PO Box 365, Palmerston, NT 0831

 FAX (08) 8918 8132