



Referral Pro Forma

Chronic Pain Clinical Trial –2020 (Start Any Time from 1 September)

Please complete this form and scan and email to office@lifeworks-group.com.au in order to refer each patient to this trial. Feel free to attach additional pages if necessary.

Doctor Name: _____

Name of Medical Centre: _____

Address of Medical Centre: _____

Telephone Number of Medical Centre: _____

Email Address of Referring Doctor: _____

Name of Referred Patient: _____

Patient's Address: _____

Patient's Telephone Number/s: _____

Patient's Date of Birth: _____ Patient's Email: _____

Nature of Chronic Pain: _____

Location of Pain: _____

History/etiology of Pain: _____

Current Medications: _____

Limitations Due to Pain: _____

Please mark the following accordingly:

Item	No	Yes
This patient's pain is confined to only one area of the body		
This patient has not experienced recent injury or surgery that has affected their pain (ie, pain has continued longer than reasonably expected)		
The pain is not due to current malignancy or due to an acute cause (eg not migraine pain, endometriosis, adenomyosis, rheumatoid arthritis)		
There is no known/diagnosed severe mood or personality disorder		
There is no known addiction to alcohol or illicit drugs		
To the best of my knowledge this patient is not using alternative therapies (eg chiropractic, acupuncture, naturopathic, supplements, etc)		
I believe this patient does not suffer from cognitive issues which might impair their ability to undertake the trial		

Signed: _____ Date: _____