

Frankston Pain Management

Interventional and Interdisciplinary Pain Management

Murray Taverner, MBBS, FFPANZCA, FIPP
Vishal Bhasin, MBBS, MBChB, MBIomedE, FRACGP, Pain Fellow
Gayathri Aravinthan, MBBS, FAFRM (RACP), Pain Fellow

7/20 Clarendon St, Frankston, Vic, 3199
Tel: 03 9770 0522, Fax: 03 9770 0944
Email: info@fpmx.com.au Web site: www.fpmx.com.au

Referral to Dr Murray Taverner at Frankston Pain Management

Patient Details:

Patient Name: Date of Birth:
Address:
Home Phone: Mobile Phone: Work Phone: Email:
Financial status: WorkSafe TAC DVA Defence Private Pension Uninsured
Medicare Number: Expires:
Pension Number: DVA Number:

Referring Doctor Details:

3 Months 6 Months 1 year Indefinite Referral

Doctor Name: Prov. No: Email:
Address: Phone: Fax:
Signature: Date:

Primary Clinical Concern:

- | | |
|--|--|
| <input type="checkbox"/> Severe persistent incapacitating pain | <input type="checkbox"/> Severe Pain < 3 months duration |
| <input type="checkbox"/> Complex Regional Pain Syndrome (RSD) | <input type="checkbox"/> Shingles or Post Herpetic Neuralgia |
| <input type="checkbox"/> Refractory Angina/ Chest pain | <input type="checkbox"/> Cancer Pain |
| <input type="checkbox"/> S8 Permit Review | <input type="checkbox"/> Pain Education and Self-Management |
| <input type="checkbox"/> Others | |

Reason for Referral and Clinical Notes:

.....
.....
.....
.....

Medical History: Please supply copies of relevant correspondences, imaging and pathology reports.

Reason for Referral:

- General Pain Management Interventional Pain Management Others

Appointments

A Chronic Disease Management Plans (MBS 721) prepared by the patient's GP is needed for Privately Insured and Uninsured patients to obtain Medicare funding for psychology and exercise physiology.

Please send the **completed referral and clinical summary** by email to info@fpmx.com.au, fax to 03-9770 0944, post/hand to Frankston Pain Management, 7/20 Clarendon Street, Frankston, Vic, 3199.

Office Use:

Date Referral received..... Triage by:..... Cat: 1 – asap 2 - routine
Received: CDMP MHCP
 PQ sent PQ received Referral Acknowledgment letter sent date