

REFERRAL FORM

Date:

PATIENT DETAILS:

Name

Date of Birth

Address

Mobile/Land line

PAIN AND RELATED MEDICAL AND PSYCHOSOCIAL HISTORY:

PLEASE CHOOSE:

- ☐ Private patient ☐ TAC/Workers compensation (No out of pocket billing) ☐ Neck/Back pain
☐ Limbs/joints pain ☐ Pain syndromes (widespread pain/Fibromyalgia, CRPS, Neuropathic pain)
☐ Visceral pain ☐ Persistent post-surgical pain ☐ Other

SERVICE REQUESTED:

- ☐ Comprehensive pain management
☐ Interventional pain management (Nerve blocks/injections, Radiofrequency, Neuromodulations)

REFERRER:

Name

Provider number

Phone:

Fax:

Please attach any relevant imaging/correspondence.



MEDICAL & INTERVENTIONAL PAIN CLINIC

REFERRAL TO:

Dr Navid Hamedani

- ☐ Urgent appointment

Clinics:

Knox, Boronia, St Kilda Rd,
Blackburn, Dandenong

Hospitals:

Knox Private
Waverley Private
Linacre Private

P 03 9886 1995
M 0415 196 679
F 03 9959 8315
E drnhamedani@gmail.com