

PAIN CLINIC PRIORITY SCORE SHEET - Referrer

TDHB score sheet for prioritisation for pain clinic FSA

| | |
|--|--------------|
| Patient ID: (Complete patient details or place patient sticker here) | |
| NHI No: _____ | G.P: _____ |
| Name: _____ | D.O.B: _____ |
| Address: _____ | Phone: _____ |

| | |
|---|---|
| Date: _____ | Name of referrer/person scoring: _____ |
| ACC: Yes / No / Uncertain | ACC Claim No: _____ Date of injury: _____ |
| PAIN PROBLEM: _____ | |
| COMORBIDITIES (including psychological): _____ | |
| OTHER PROBLEMS: _____ | |
| Previous treatments/referrals for Pain _____ | |
| _____ | |

| CANCER/Terminal Condition? | Score | COMMENTS |
|--------------------------------------|-------|----------|
| YES | 50 | |
| NO | 0 | |
| NEUROPATHIC PAIN? | | |
| YES | 10 | |
| Maybe | 7 | |
| NO | 0 | |
| DURATION OF PAIN | | |
| < 3 months | 16 | |
| < 6 months | 8 | |
| < 1 year | 4 | |
| 1-2 years | 2 | |
| 2-5 years | 1 | |
| > 5 years | 0 | |
| OCCUPATION/ROLE | | |
| Full work or study | 10 | |
| Reduced | 5 | |
| Nil | 0 | |
| Duration off work because of pain | - | |
| Previous specialist pain management? | | |
| No | 4 | |
| Yes (give detail above) | 1 | |
| Clinical Score TOTAL | | |