****

**Inpatient Pain Team Referral Form**

**Before referring please ensure the following:**

* Patient is on regular analgesics including PRN and they have received them.
* Patient has the relevant pain assessment tool in place and any analgesia given has been evaluated for effectiveness.
* Please email form to [acute.painservice@stgeorges.nhs.uk](mailto:acute.painservice@stgeorges.nhs.uk) upon completion.

Date of referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Date of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Patient Name**    **Hospital Number D.O.B / /** | |
| **Ward** | **Speciality** |
| **Referrer Name/Title** | **Contact number/Bleep** |
| **Lead Speciality aware of referral made *(Please delete as appropriate)* YES/NO**  ***ICU****- Please note referrals will only be accepted if Consultant is aware and happy for our input.* | |
| **Reason for Referral to Pain Team**  **Is patient known to a chronic pain clinic? *(Please delete as appropriate)* YES/NO** | |
| **Reason for admission including any recent Surgical/Medical interventions** | |
| **Past Medical History and Drug allergies** | |
| **Relevant Drug History prior to admission**  ***(Dose, frequency, regular and PRN)*** | |
| **Current Analgesia**  ***(Dose, frequency, regular and PRN total dose in past 24hrs)*** | |
| **Pain Score** | |
| **Location of Pain and description** | |

**Please note:**

**If an urgent referral is required please contact the Inpatient Pain Team on Bleep 6477 Mon-Fri 08:30-16:30. Out of hours please contact On Call Anaesthetist on Bleep 6111.**

* Inpatient Pain Service Guidelines can be found on the Intranet.
* If you require advice for patient currently under the care of the Palliative Care Team please contact that Team for symptom control advice.