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**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 upon completion.

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

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| **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.