**Austin Health Pain Service Referral Guidelines**

Referrals to **Austin Health Chronic Pain** health independence serviceare subject to **Statewide Referral Criteria (SRC)** for public specialist clinics as outlined by the Department of Health Victoria**.**

For more information, see criteria for “Chronic pain (Health Independence Program service)” under relevant sub-heading: <https://src.health.vic.gov.au/specialities>

**Criteria for referral – must indicate how meets criteria in referral:**

* Persistent pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role,
* Multiple presentations for exacerbations of pain despite adequate treatment in previous 12 months (exercise and analgesia)
* At risk of functional or psychological deterioration, or medication dependence
* Willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

**Information that must be provided:**

* Pain history: onset, location, nature of pain and duration
* Psychological status and cognitive function
* Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
* Comprehensive past medical history
* History of alcohol, recreational or injectable drugs, or prescription medicine misuse
* Current and complete medication history

**Referral to the service is not appropriate for:**

* Patients already referred to or currently attending another chronic pain service for the assessment, or treatment of, the identifiable cause of pain
* Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to engage remains unchanged
* Patients who only want an intervention such as an injection or dry needling
* Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

**To ensure we can accept the referral under SRC Guidelines, please ensure the referral includes all information requested, including your provider number and address.**

If you believe your patient should be seen more urgently, please state the reason. Our urgent criteria are Complex Regional Pain Syndrome < 12 months, pain relating to active Cancer or Cancer treatment, and some orofacial pain conditions <12 months.

**Referrals:**

Fax to 03 9496 4337, or email to [hipcentralintake@austin.org.au](mailto:hipcentralintake@austin.org.au)