ACC6273

Provider referral for pain management

ACC — PREVENTION. CARE. RECOVERY. — Te Kaporeihana Āwhina Hunga Whara

Complete this form to refer a client to the ACC Pain Management service. When you've finished, send the completed form and any relevant records and reports to the appropriate ACC Pain Management service provider.

1. Client details

Client name:	ACC claim number:
Date of birth:	NHI number:
Email address:	Ethnicity:

Phone number:	Mobile phone:	Work phone:

Residential address:
Postal address (if different from above):

Known barriers or special considerations	Please note details, eg if a barrier, note any existing or recommended support
☐ Cultural or language considerations	
☐ Substance abuse	
☐ Other health issues	
☐ On current medication	
☐ Other:	
☐ Other:	

2. Referrer details

Referrer name:	Scope of practice:
Phone number:	Email address:
Preferred method of contact, eg phone, email:	

3. ACC contact details (if known)

ACC contact person:	ACC branch:
Contact phone number:	Email address:

4. Why I'm making this referral

Please let us know why you're making this referral for the Pain Management service.
Orebro score:

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5. Service level required	
Please let us know the level of service required.	
Service level	Prior approval needed
☐ Community Services	No – please send a copy of all reports to ACC
☐ Tertiary Services	Yes – please provide supporting medical information available

6. Injury details			
Injury description:		Date of injury:	
Read code	Description	Side	Site
How did this injury happen (mechanism of injury)?			

7. Injury management and rehabilitation	
Describe the management and rehabilitation provided to date.	
Type and number of treatments:	
Current assistance:	
Current daily activities:	
Barriers or obstacles to return to work:	
Relevant client specific issues:	

8. Relevant contact details			
Please list who was involved with this client's rehabilitation.			
Role	Contact person's name	Phone number	Email address
Treating General Practitioner (GP)			
Employer or school			
Specialist			
Physiotherapist			
Psychologist			
Other			

9. Attached documents	
Please list all the documents you're attaching to this referral.	

10. Additional comments
Other relevant advice and notes about this client's case.

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.