

# IMPACT Program- Pain Specialist Consult Template for GPs

This form is for GPs to complete when requesting a consult with the IMPACT Program Pain Specialist. This information will enable the Pain Specialist to respond appropriately to email requests but will also be useful for phone and video consults between the GP and Pain Specialist to facilitate best use of consult time.

**Step 1.** Complete the template below by writing your responses or ticking the boxes where indicated.

**Step 2.** Email the completed template to the IMPACT Program Officer: [impact@qbe.com](mailto:impact@qbe.com) (the template can either be sent as an attachment or copied and pasted into the email text)

**Step 3:** The IMPACT Program Officer will forward your completed request to the Pain Specialist in preparation for your consultation **and** coordinate your consultation with the Pain Specialist based on the method you request in the template (email, phone, or online video).

GP details	
GP Name	
GP Practice Name	
GP IMPACT Program ID	
Patient details	
QBE Claim Number	
Name	
Date of Birth	___/___/_____
Gender	
Consult details	
Type of Consult Requested	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Video
<b>For phone or video consultations, the IMPACT Program Officer will liaise with your reception staff to schedule a <b>10-minute appointment</b> with the Pain Specialist.</b> <b>If you would prefer a longer consultation, please indicate here:</b>	<input type="checkbox"/> 20-minute consult <input type="checkbox"/> 30-minute consult
Please indicate your <b>preference for time/day for phone/video consults</b> (E.g., after 4pm, Wednesdays)	
What specific concerns do you have about this patient?	
What questions do you have for the Pain Specialist?	
Are there any complicating physical and/or psychosocial factors?	

What is your desired outcome for this mentoring consult?	
Please list any current medications <i>(not already noted on the Clinical Summary Form)</i>	
<b>Further information regarding patient's injury and pain</b>	
<i>Your responses will provide additional context for the Pain Specialist</i>	
What was the mechanism of injury?	
How long ago did the injury occur?	
Has the patient's pain changed in nature since it was first experienced?	
Where is the pain?	What is the focal point?
	Where does it radiate?
What does the pain feel like? (e.g. aching, burning, shooting etc.)	
What makes the pain worse?	
What makes the pain better? <i>Asking "What do you do when the pain is bad?" may help patients identify behaviours they are using to alleviate their pain.</i>	
Has the pain progressed in an unpredictable way?	
Does the pain wake the patient from sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No