



PAIN CLINIC PRIORITY SCORE SHEET - Referrer

TDHB score sheet for prioritisation for pain clinic FSA

Patient ID: (Complete patient details or place patient sticker here)

NHI No: _____ G.P: _____

Name: _____ D.O.B: _____

Address: _____ Phone: _____

Date: _____ Name of referrer/person scoring: _____

ACC: Yes / No / Uncertain ACC Claim No: _____ Date of injury: _____

PAIN PROBLEM: _____

COMORBIDITIES
(including psychological): _____

OTHER PROBLEMS: _____

Previous treatments/referrals for Pain _____

CANCER/Terminal Condition?	Score	COMMENTS
YES	50	
NO	0	
NEUROPATHIC PAIN?		
YES	10	
Maybe	7	
NO	0	
DURATION OF PAIN		
< 3 months	16	
< 6 months	8	
< 1 year	4	
1-2 years	2	
2-5 years	1	
> 5 years	0	
OCCUPATION/ROLE		
Full work or study	10	
Reduced	5	
Nil	0	
Duration off work because of pain	-	
Previous specialist pain management?		
No	4	
Yes (give detail above)	1	
Clinical Score TOTAL		