



# Regional Outreach Service Initial Registration Form

Please tick the Major Town Centre applicable to you:

- Gold Coast
- Sunshine Coast
- Townsville
- Toowoomba

Please tick the services you would like to receive:

- Persistent Pain Management Education – *for parents, children and families*
- Individual consultation with a SKiP health professional – *for parents and children*
- Professional advice / support – *for health and school professionals*
- Education – *for health and school professionals*

Please provide a brief description of your child/patient's persistent pain problem:

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Please note, for an individual consultation request a GP Referral Form & Pain Questionnaires will be sent to you for completion.

## Contact Details

Person making this request:

Name: .....

Address: .....

Profession / Relationship to the child: .....

Mobile or Phone Number: .....

Email address: .....

Date: .....

**Thank you for your initial registration. We will get in touch with you shortly to discuss your enquiry. If you have any questions, please email [Info@skip.org.au](mailto:Info@skip.org.au)**

### Office Use Only

Location: ..... Date Entered: ..... GP Referral & P/Q's Sent: .....

GP Referral Received: Y / N P/Q's Received: Y / N Appointment Letter Sent: ..... Appointment Confirmed: Y / N