

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 Education (45min – 1.5hr) – *for parents, children and families*
- Individual consultation with a SKiP health professional (1-2hrs) – *for parents and children*
- Professional advice / support – *for health and school professionals*
- Inservice Education (1-1.5hr) – *for health and school professionals; general education on chronic pain in childhood & adolescence. Specific requests considered.*

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

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

Contact Details – Clinicians Only

Name:

Email :Contact number:

Profession/Organisation:

Address:

Individual Consultations

Name:Relationship to child:

Email :Contact number:

Address:

Child's name:

Child's date of birth:

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

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