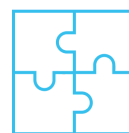


GPCCMP Referral Form



Pain
Education
and
Management

Referral form for the *Pathways to Pain Management* online program

Section 1 – Patient Details

Full Name: _____

Date of Birth: ____ / ____ / ____

Section 2 – Referring GP Details

GP Name: _____

Practice: _____

Provider Number: _____

Section 3 – About the Program

Pathways to Pain Management is an evidence-informed, 11-module multidisciplinary online education program designed to support patients living with chronic pain.

- Accessible, structured education on understanding and managing chronic pain.
- Practical strategies to improve self-management and daily functioning.
- Designed to complement GP Chronic Condition Management Plans (GPCCMP) and support multidisciplinary care.

Section 4 – Referral

Please select one

- ☐ I refer this patient to Pathways to Pain Management and confirm this referral **is part of a GP Chronic Condition Management Plan** (GPCCMP).
- ☐ I refer this patient to Pathways to Pain Management, **not as part of a GP Chronic Condition Management Plan** (GPCCMP).

GP Signature: _____

Date: ____ / ____ / ____

Instructions for use

Instructions for Patients

1. Take the form to your GP
 - Bring this printed referral form to your appointment.
2. Ask your GP to complete and sign
 - Your GP will fill in their details, tick the appropriate referral option, add their provider number, sign, and date the form.
 - The GP will return the signed form to you.
3. Submit your signed referral form online
 - Scan the QR code below or go to our secure online registration page.
 - Enter your details into the online form.
 - Upload a clear scan or photo of your signed referral form.
4. Get access to Pathways to Pain Management
 - Once your form is submitted, you'll be automatically enrolled and can start the 11-module online program straight away.



Or visit: <https://form.jotform.com/252261550912047>

Instructions for GPs

1. Complete the referral form
 - Fill in the patient's details, including your name, practice, and provider number.
 - Tick the relevant referral option (GPCCMP or not GPCCMP).
 - Sign and date the form.
2. Return the form to the **patient**
 - The patient will upload the form as part of their online registration process.
3. No direct submission is required
 - Patients will handle submission and program access directly.