# 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.