



**SPECIALTY REQUIRED:**

Please indicate which specialist consultations are required:

**Neurosurgery & Spinal Surgery**

- Back pain and sciatica
- Neck pain and brachialgia
- Brain tumour
- Spinal tumour
- Carpal tunnel or ulnar neuropathy
- Movement disorder
- Aneurysm/AVM
- Other

**Priority Workcover Referral Service**

- Cervical spine
- Lumbar spine
- Other

**Pain Management**

- Neck pain
- Back pain
- Neuropathic pain
- Post-surgical pain
- Complex regional pain syndrome
- Other

**Neurology**

- Movement disorders
- Headaches
- Neuropathy
- Trigeminal neuralgia
- Multiple sclerosis
- Epilepsy
- Other

**Nerve Conduction Studies/EMG**

- Rapid Access Clinic

**Psychological Health**

- Psychiatry
- Psychology
- Neuropsychology

**Appointments generally offered within 1-3 weeks**

**Multidisciplinary Clinics**

- Parkinson's disease and Tremor Clinic
- Headache and Facial Pain Clinic
- Back and Neck Pain Clinic
- Precision Ascend Pain Management Program (See over)

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Status:  Private insurance  Workcover  Motor accident (TAC, MAIB)  DVA

**REFERRING DOCTOR:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider number: \_\_\_\_\_ Duration of referral (months): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CLINICAL DETAILS:**

- Referral letter attached

**EXCEPTIONAL CARE, TAILORED TO YOU**

**Victorian Locations**

- Melbourne
- Eastern Suburbs (including Kew, Ringwood, Box Hill, Wantirna)
- Northern Suburbs (including North Melbourne, Essendon, Epping, Bundoora)
- Western Suburbs (including Werribee, Caroline Springs)
- Bayside
- South-East (including Noble Park, Mulgrave, Berwick)
- Mornington Peninsula (including Frankston)

**Tasmanian Locations**

- Launceston
- Hobart
- North-west coast (including Burnie and Devonport)

# PRECISION ASCEND PRIORITY REFERRALS

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## PATIENT INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Status:  Workcover  Motor accident (TAC, MAIB)  DVA

Claim Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_

Agent (e.g. CGU, QBE, Allianz etc): \_\_\_\_\_

## REFERRING PRACTITIONER:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Duration of referral (months): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## MULTIPLE PROGRAM LOCATIONS:

VICTORIA:  TASMANIA  ACT

## CLINICAL DETAILS:

Referral letter attached

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Precision Ascend consults widely throughout Victoria, Tasmania and ACT

## PRECISION ASCEND

ALL CORRESPONDENCE:  
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