

Thank you for your request for an appointment to see Dr Paul Licina. To help us allocate a timely and appropriate appointment for you, please follow the steps below:

Step 1: Complete Forms

Attached to this letter are some forms we need you to complete so that we can understand your condition better. They include:

Patient Details (A) **Pain Diagram (B)** **Pain Questionnaire (C)**

Please complete forms A, B & C and attach them to:

- The Referral letter from your GP
- Relevant X-ray or Scan Reports (The films are not required. Just the reports.)

Once you have them all together, please send to our Practice.

Step 2: Send

You can return the forms to Dr Licina by mail, fax or email:

Mail:

Dr Paul Licina
Ground Floor Medical Centre
Holy Spirit Northside Hospital
627 Rode Road
Chermside QLD 4032

Fax:

(07) 3319 6506

Email:

spine@boss.net.au

Step 3: Appointment Allocation

When we receive your information, Dr Licina & his medical team will review it. Due to Dr Licina's surgical commitments, this process can take up to 5 working days. We will then contact you by mail with an appointment date and time. Thank you for your understanding and co-operation. If you have any further questions, please contact our Practice on 1300 52 53 54.

Frequently Asked Questions

Q: Why do I have to fill in this paperwork?

A: Dr Licina needs to understand your problem fully in order to give priority to people with the most urgent or serious problems, and to those people he can help with surgery.

Q: Why is there sometimes a long wait for appointments?

A: As Dr Licina is a surgeon, he spends most of his time in the operating theatre, leaving only a limited amount of time during the week to see patients in his rooms. Dr Licina also receives many more requests for appointments than he can see in a reasonable time.

Q: Can I have an appointment without filling out these forms?

A: We can allocate you the next available routine appointment, but it is likely that you will wait longer to see Dr Licina than if you fill the forms out and send them back to us.

Q: What if the wait for the allocated appointment is too long?

A: If you feel your condition warrants more urgent attention, you can discuss this with your referring doctor, who may be able to provide more detailed information to Dr Licina. Otherwise, we can provide a list of other spinal surgeons who may be able to see you sooner.

Q: How much does it cost to see Dr Licina?

A: Your initial consultation with Dr Licina is \$220. This is paid on the day of consultation. You will get about \$65 back from Medicare. If a subsequent appointment is required, the cost is \$70 or \$120 depending on the length of the review. If you have a WorkCover claim, you will still need to pay for the consultation in full on the day. You can then claim back about \$145 from WorkCover if your claim is accepted.

Q: Can I change my appointment once it's been allocated?

A: Please call the practice on 1300 52 53 54 to discuss your options. Dr Licina only sees patients on Tuesdays & Thursdays each week. Please give us as much notice as possible to ensure we can accommodate your request.

Q: Does Dr Licina see patients with a legal claim / WorkCover claim / DVA card?

A: Dr Licina does not usually see you if you have an active legal claim, except in urgent circumstances; for example, in the presence of spinal cord compression or a fracture. He is happy to see you once the claim has been settled, as a private patient. Dr Licina will see you if you have a WorkCover or insurance claim, but only within 6 months of your injury. Dr Licina will see you if you hold a DVA card, but you will have to pay the full cost for the consultation as he does not accept the DVA rebate.

Form A - Patient Details

About You

Name: _____
Title First Name Last Name

Date of Birth: _____

Address: _____

Phone: Home: _____
Mobile: _____
Work: _____

Communication from us

Would you like to receive communication via email?

Yes No

If yes, please supply your email address:

Email: _____

Would you like to receive your appointment reminder via SMS
to your mobile phone?

Yes No

About Your Condition

How long have you had the problem? (eg: No. of weeks, months, years)

Do you have health insurance?

YES NO

Is this a WorkCover or insurance claim?

YES NO

(If yes, please state date of claim and claim no. below)

Do you have a current legal claim regarding this condition?

YES NO

Are you seeing a solicitor for this condition?

YES NO

Will you need a legal report?

YES NO

If you wish to explain your problem in more detail, please provide details below:

PAIN SCALE

Mark on the line the *AVERAGE* level of your **BACK PAIN** in the past week



Mark on the line the *AVERAGE* level of your **LEG PAIN** in the past week

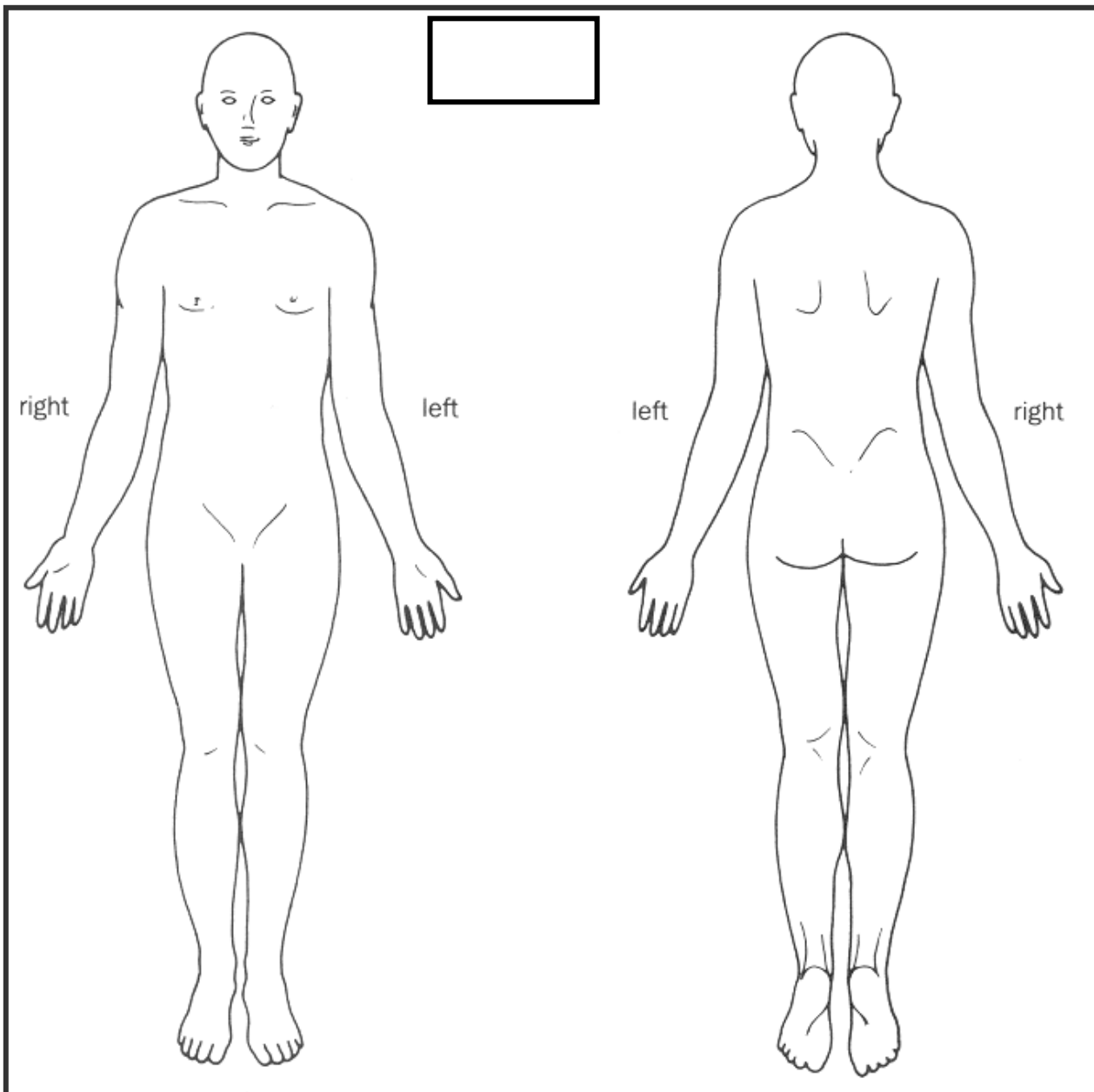


PAIN DIAGRAM

Mark areas of *PAIN* that you have on the diagram using **SHADING**



Mark areas of *TINGLING* or *PINS AND NEEDLES* with **CROSSES**



FORM C BACK PAIN QUESTIONNAIRE

This questionnaire has been designed to give the doctor information about how your back pain has affected your ability to manage in everyday life. Please **answer each section** and mark in each section **only one box** that applies best to you. We realise that you may consider that two of the statements may apply to you, but just mark the box that most closely describes your problem.

1. PAIN INTENSITY

- I can tolerate the pain without having to use pain killers
- The pain is bad but I manage without taking pain killers
- Pain killers give complete relief of pain
- Pain killers give partial relief of pain
- Pain killers give very little relief of pain
- Pain killers have no effect on pain and I do not use them

2. PERSONAL CARE

- I can look after myself normally without extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow & careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of personal care
- I do not get dressed, wash with difficulty and stay in bed

3. LIFTING

- I can lift heavy objects without extra pain
- I can lift heavy objects but it gives extra pain
- I can only lift heavy objects if they are on a table
- I can only lift light / medium objects if they are on a table
- I can only lift very light objects
- I cannot lift anything, due to pain

4. WALKING

- I can run or walk without pain
- I can walk comfortably but running is painful
- Pain prevents me from walking more than one hour
- Pain prevents me from walking more than 30 minutes
- Pain prevents me from walking more than 10 minutes
- I cannot walk more than a few steps at a time

5. SITTING

- I can sit in any chair as long as I want
- I can only sit in a special chair as long as I want
- Pain prevents me from sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

6. STANDING

- I can stand as long as I want
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing more than one hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- Pain prevents me from standing at all

7. SLEEPING

- I sleep well
- Pain occasionally interrupts my sleep
- Pain interrupts my sleep half of the time
- Pain often interrupts my sleep
- Pain always interrupts my sleep
- I never sleep well

8. SOCIAL LIFE

- My social life is normal and gives me no extra pain
- My social life is normal but gives me extra pain
- Pain restricts more energetic social activities
- Pain has restricted my social life and I go out less often
- Pain has restricted my social life to home
- I have no social life because of pain

9. TRAVELLING

- I can travel anywhere without extra pain
- I can travel anywhere but it causes some pain
- Pain is bad but I manage to travel over two hours
- Pain restricts me to trips of less than one hour
- Pain restricts me to trips of less than 30 minutes
- Pain prevents me from travelling except to the doctor

10. EMPLOYMENT / HOUSEKEEPING

- My normal homemaking/job activities don't cause pain
- I can perform **all** these activities but do experience pain
- I can perform **most** activities but do experience pain
- Pain prevents me from doing anything but light duties
- Pain prevents me from doing **even** light duties
- Pain prevents me performing any job / activities at all

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