

Referral for Chronic Migraine

To *Dr Rey Casse*

Suite 1, Level 1 257 Melbourne Street

North Adelaide SA 5006

Date:

Patient Details

Name:

Date of Birth: Gender: M / F

Address:

Telephone H: M:

Email Address:

Medicare No:

HCC / Con. No:

Private Health Fund:

Membership No:

DVA (White/Gold):

CHECKLIST

- List of **ALL** previous & current **PRESCRIPTION MEDICATION** (not just specific migraine medication as some medications for other medical conditions are a secondary preventer)
- Copies of **ANY** Radiology reports of **BRAIN** and / or **SPINE**.
- Copies of **FIRST** and **LAST** letters if seen by another **NEUROLOGIST** and / or **PAIN SPECIALIST**.

PLEASE PRINT OFF THIS FORM, FILL IN AND ATTACH ANY OF THE ABOVE ITEMS AND:

EMAIL TO:

medrecords@auscas.com.au

FAX:

08 8267 6012