



Migraine Specialist

Provider Number: 2300049W

Dr Nicole Limberg MBBS, FRACP
Neurologist

St Andrews Place, Level 2, Suite 312,
33 North Street, **SPRING HILL Q 4000**

PH (07) 3831 1611
FAX (07) 3831 1677

www.migrainespecialist.com.au
enquiries@migrainespecialist.com.au

Patient Details

Name: _____

DOB: _____

Address: _____

Phone: _____

Email: _____

Please tick the boxes that apply:

- 15 or more headaches per month
- 8 of the headaches have migraine features
- Headaches have been ongoing for at least 6 months

Inadequate response, intolerance or contraindication to at least 3 migraine prophylactic medications:

- | | |
|---|---|
| <input type="checkbox"/> Propranolol (Deralin, Inderal) | <input type="checkbox"/> Pizotifen (Sandomigran) |
| <input type="checkbox"/> Amitriptyline (Endep) | <input type="checkbox"/> Cyproheptadine (Periactin) |
| <input type="checkbox"/> Methylsergide (Deseril) | <input type="checkbox"/> Topiramate (Topamax) |

Referring Doctor Details

Date:

Stamp:

Name: _____

Provider No: _____

Signature: _____

More referral pads

SUBMIT FORM

REFERRAL FORM



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Contact Details

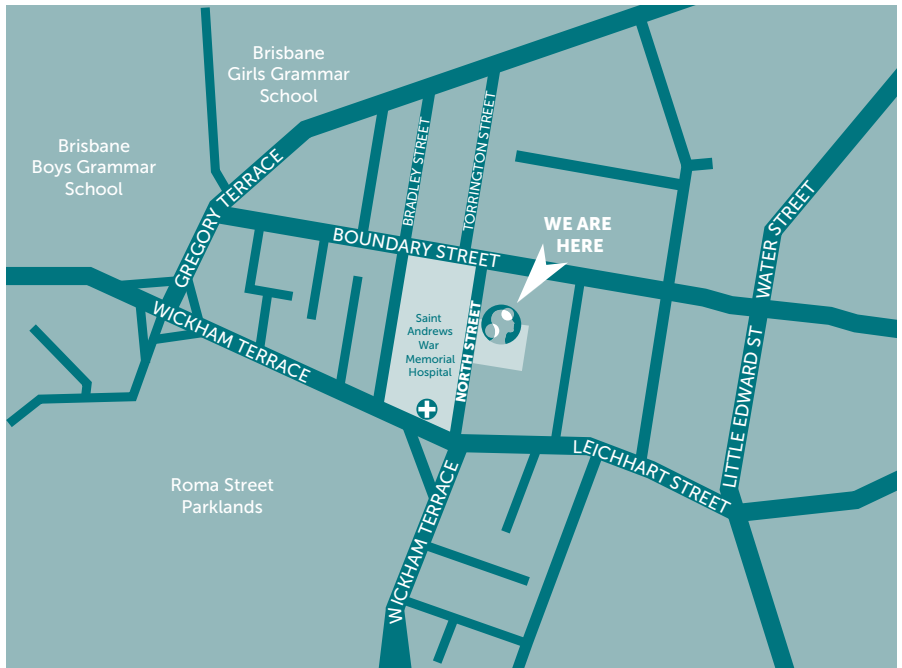
Note for Patient: Preparation for Injection Therapy

Advise the Doctor if you are taking any antiplatelet or anticoagulant medication, including aspirin, clopidogrel or warfarin.

Bring any relevant X rays, scans, reports and any accompanying information at time of appointment.

Bring your medicare card.

Location Guide



REFERRAL FORM