

**Phone (812) 524-4253**

**Fax (812) 524-4255**

**Referral Form**

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician (**required for referral**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To process your referral, the following information in required:

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| * **Evaluation & Treat referral** |

* Written order with diagnosis and area to treat
* Patient Demographic Sheet with **FULL SOCIAL SECURITY #**
* Copy of insurance cards front & back
* Worker’s Comp. or Third party information, if applicable
* Physical Therapy notes
* Imaging reports (MRI, CT scans, x-rays) related to the referral
* Medication list
* Laboratory reports, if possible
* Problem list
* Recent office notes
* Previous pain center records, if applicable

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| --- |
| * **Procedure Only referral** |

* Same as above, plus the following: **All questions must be answered to process referral:**
  + Does patient take blood thinners? Yes No If yes, list medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who prescribes blood thinners? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Does patient have any implanted devices? Yes No If yes, what type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Does patient have any coagulopathies? Yes No If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Does patient take any anti-inflammatories? Yes No If yes, list medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Has patient received any recent steroids? Yes No If yes, list (oral, IM, or IV) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Is patient a diabetic? Yes No

Having this information is crucial in formulating a plan of care. It is our desire to accommodate your patient’s pain care needs. Not having this information will result in a delay in our ability to provide the appropriate care for your patient. Should you have any questions, please contact our office. We appreciate your referral and look forward to assisting you in caring for your patient.