

Consultation Form Spine Center

Spine Center Providers

ORTHOPAEDIC SURGERY

William Abdu, MD, MS
Sohail Mirza, MD, MPH
Dilip Sengupta, MD
James Weinstein, DO, MS

NEUROSURGERY

Perry Ball, MD
Nathan Simmons, MD

PAIN MEDICINE

Ralph Beasley, MD
Margaret Caudill-Slosberg, MD
Bert Fichman, MD
Robert Rose, MD
Dawn Sparks, DO

NON-SURGICAL SPINE SPECIALISTS

Rowland Hazard, MD
Jon Lurie, MD, MS
Linda Brown, APRN
Colleen Olson, APRN
Thomas Brudz, PA-C

OCCUPATIONAL MEDICINE

Robert McLellan, MD, MPH

PHYSICAL THERAPY

Birgit Ruppert, PT, Cert MDT
Eric Hartmann, DPT

PHYSICAL THERAPY ASST

Raynee Carlson, PTA

CARE MANAGEMENT

Elizabeth Ossen, MSW
Patricia Proulx, MSW

Functional Restoration Program

(603) 650-8285

Patient Name: _____

DOB: _____ Soc. Sec #: _____

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Diagnosis/Comments: _____

Consultation Requested (completion of this document indicates my request for consultation/treatment)

- Evaluation and Treatment:** Comprehensive evaluation and treatment with a non-surgical spine specialist, including review of imaging, non-surgical treatment options, and/or subsequent consultation with a surgeon, pain specialist, spine-trained physical therapist, and rehabilitation programs as indicated. This is a non-surgical evaluation. When in doubt, this is where to start.
- Anesthesia-Pain Service Provider:** Comprehensive evaluation with an anesthesiologist specializing in pain management, providing recommendations for medication management to referring provider, assess indication for injections/procedures, or surgical or other referrals as appropriate.
- Functional Assessment:** Comprehensive evaluation for patients with chronic pain lasting more than 3 months, who have failed medical and surgical management, to assess current physical capacities, personal recovery goals and make recommendations for rehabilitation.
- Physical/Occupational Therapy:** Comprehensive evaluation/treatment by therapist specializing in treatment of back/neck pain patients, to include outpatient/home therapy programs. Includes work readiness assessments, conditioning, and functional capacity evaluations.
- Surgical Opinion:** **Please verify with patient that they are seeking surgical intervention as a treatment option.** Comprehensive evaluation by one of our Spine Center surgeons to assess indications and options for surgical intervention, for patients having failed medical management. If surgical indication is unclear or surgery is not indicated after review of the documentation and imaging, we may refer to one of services listed above for initial evaluation. **If surgical opinion is requested, patient should have up-to-date imaging concordant with clinical findings.**

Pertinent imaging studies available: _____ Date performed: _____

If requesting a specific provider, please note here: _____

At the Spine Center we will do our best to honor your requests for specific providers, but in some cases this causes delay in access. After review of access and clinical documentation, we may schedule alternate triage for your patient to provide the most appropriate and timely evaluation. We will do our best to call your office to discuss any changes.

- Pertinent documentation should be sent for this appointment, including, when possible: imaging reports, operative reports pertinent to the evaluation, injection studies, past medical history, medications, allergies.
- Patients should be instructed to **HAND CARRY** their imaging studies and if possible the imaging reports if not performed at DHMC-Lebanon.

Referring Provider: _____

Address: _____

Office Phone: (_____) _____ Office Fax: (_____) _____

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