

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____ PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____ Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? No Yes Language: _____

Health Insurance: _____ Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for the Center for Pain and Spine

Diagnosis/Comments: _____

- Spine 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.
- Pain Specialist Evaluation and Treatment** – Comprehensive evaluation and treatment with a non-surgical 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.
- Functional Restoration Program 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 a therapist specializing in the treatment of back/neck pain patients, to include outpatient/home therapy programs. Includes work readiness assessments, conditioning, and mini-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 the services listed above for initial evaluation. If surgical opinion is requested, patient should have imaging concordant with clinical findings.)

Pertinent imaging studies available of body part to be evaluated: Date performed: _____

Are you requesting a specific provider? If so please list 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.