# Pain Care Center Referral Form

**Referral Fax: 888-977-2989**

| | | | | |
|---|---|---|---|---|
| **Patient Name:** | | | | |
| **Address:** | | | | |
| **Date of Birth:** | | | | |
| **Contact Phone Numbers** | Home: | Cell: | Work: | |
| **Social Security #:** | | | | |
| **Insurance** | ☐ **Medicare** | ☐ **Medicaid** | ☐ **Other >>>** | |
| **Insert Ins ID # >>>>>>** | | | | ☐ **Self Pay** |
| **Referring Physician:** | Name: | NPI: | Phone: | Fax: |
| **Referring Clinic Name:** | | | | |
| **Signature of Referring Physician:** | | | | |

| | | | | |
|---|---|---|---|---|
| **Referral Documentation Required>>>>** | **1. Most recent 5-6 visit notes (minimum if on file)** | **2. All MRI, CT Scans, Xray Radiology REPORTS on file (no discs needed)** | **3. Completed Referral Form** | **4. Drug screen results for same timeframe. (if applicable)** |
| **Pain Diagnosis ICD10 Codes** | | | | |
| **Back Pain _____**<br>**Neck Pain _____**<br>**Knee Pain _____** | **Hand pain _____**<br>**Arm Pain _____**<br>**Foot Pain _____** | **Radiculopathy _____**<br>**Visceral pain _____** | **Malignant Pain _____**<br>**Complex Regional Pain Syndrome CRPS _____** | **Post Laminectomy pain _____**<br>**Ischemic pain _____** |
| **Other Type Pain >>>>>>** | | | | |
| **Duration of pain** | **< 1 month _____** | **1-3 months _____** | **3-12 months _____** | **1-3 years _____** |

## CONSULTS REQUESTED (please check all that apply)

**Medication Management _____** **Consult appt & return to referring provider _____** **Consult with Pain Psychologist _____**

**Suboxone ____** **Procedure Only _____** **Pain Provider to determine procedure & level _____** **Other (Please Specify_____**

**Past Diagnostics (Attach Reports ) Xray ____ CTScan ___ MRI ___ Other_____**

## Please See below for each Clinic Location address

| | | |
|---|---|---|
| **Lynchburg Office**<br>**103 Clifton St , Suite B**<br>**Lynchburg, VA 24501**<br>**Phone: 434-528-4640** | **Christiansburg Office**<br>**8 Radford St Suite 202**<br>**Christiansburg, VA 24073**<br>**Phone: 540-381-2425** | **Woodlawn Office**<br>**2851 Carrollton Pike Ste A-5**<br>**Woodlawn, VA 24381**<br>**Phone: 276-266-9160**<br>**Fax: 276-266-9166** |

Office Use only
Rcvd _____
Ent _____
Scan _____
Ins _____
Ins _____
PC _____
RD _____
NPP _____