REFERRAL TO PAIN MANAGEMENT CENTER

Intake Nurse Coordinator: 314-747-9438 **Intake Scheduler: 314-747-6798**

Thank you for your referral to our office. In order to expedite our referral process, please complete this form and return to FAX 314-362-9471. Thank you.

Referral date:_____ Office Contact:_____Ph:_____
Referring Physician:_____Ph:_____Fax:_____
Primary Care Physician:_____Ph:_____Fax:_____

Patient Name:_____DOB:_____
Ph: _____Alt. Ph:_____
Has patient had a PT evaluation and or been seen in Pain Clinic in the last 3 years? Yes_____No_____

Insurance:_____(please send copies of cards)
Work's Comp. Carrier:_____Claim Number:_____
Adjuster's Name:_____Ph:_____Date of Injury:_____

Pain Problem:_____

_____

Significant PMH:_____ Meds:_____

_____ _____

Referring MD Expectations:_____
Will the referring physician prescribe opiates if indicated? Yes:_____ No:_____
Patient's Expectations:_____

Referral Type:

- ☐ Pain Management Consultation:
  - ☐ Injection Therapy:
    - ☐ Spinal Steroid Injection
    - ☐ Sympathetic Block
    - ☐ Celiac Plexus Block
    - ☐ Vertebroplasty/Tumor Debulking/Kyphoplasty
    - ☐ Discography
  - ☐ Multidisciplinary Consult including PT and Behavioral Medicine
- ☐ Behavioral Medicine Consult for STEPP program, implantable devices, and opioid risks

PAIN MANAGEMENT CENTER
CENTER FOR ADVANCED MEDICINE
St. LOUIS, MO 63110
314-362-8820

BARNES JEWISH Hospital BJC HealthCare | Washington University in St. Louis Physicians