SPRINTZ CENTER

Pain management ● Addiction Medicine

# PATIENT REFERRAL FORM

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**Patient Name:** _____
Last First Middle

**Address:** _____
Number & Street City ZIP

**Date of Birth:** _____ **Insurance:** _____
MM/DD/YYYY Carrier Group # Policy #

**Contact Phone Number(s):** _____
Mobile Home Work

**Referring Physician/Clinic Name:** _____ **Physician's NPI number:** _____

**Practice Address:** _____
Number & Street City ZIP

**Contact:** _____
Office Fax Office Phone Mobile Phone Email

**➔ Please fax all relevant clinic notes and imaging studies along with this form ←**

**Type of referral:** ** Please complete pertinent section(s) [1-3] below **

❒ Pain Management ❒ Addiction Medicine (including Medication Assisted Treatment) ❒ Counseling/Therapy

❒ Other: _____

**Specific information/workup requested?** _____

_____

## [1] PAIN MANAGEMENT:

❒ Back pain ❒ Post-laminectomy ❒ Complex Regional Pain Syndrome (CRPS) ❒ Spasticity

❒ Neck pain ❒ Malignant pain ❒ Peripheral vascular disease ❒ Malignant pain

❒ Radiculopathy ❒ Visceral pain ❒ Ischemic pain ❒ Visceral pain

❒ Other location/characteristics: _____

Duration: ❒ <1 month ❒ 1-3 month ❒ 3-12 months ❒ 1-3 years ❒ >3 years

Past imaging: ❒ X-ray ❒ CT ❒ MRI ❒ Nuclear medicine ❒ Other: _____

Other workup: ❒ Physical therapy ❒ Occupational therapy ❒ Other: _____

Concerns: ❒ Increased opioid use without improvement in pain

❒ Multiple surgeries without improvement

❒ Decreased functioning in family/work roles

❒ Other: _____

## [2] ADDICTION MEDICINE & MEDICATION ASSISTED TREATMENT:

Concerns/diagnoses: _____

Requesting consult for: ❒ Evaluate for substance abuse/use disorder ❒ Medication assisted treatment (Suboxone, Naltrexone, Vivitrol)

Substance(s) of concern:

❒ Opioids ❒ Alcohol ❒ Cocaine ❒ Methamphetamine ❒ Other stimulants ❒ Cannabis ❒ Nicotine ❒ Inhalants

❒ Other: _____

Co-occurring conditions/concerns:

❒ Depression ❒ Anxiety/panic disorder ❒ Insomnia ❒ Chronic pain ❒ History (current or past) of dependency/addiction

❒ Rx non-compliance ❒ Job problems ❒ Relationship/family problems ❒ Suicidal/homicidal ideation

❒ Other: _____

## [3] COUNSELING/THERAPY:

Current diagnoses (or rule-out): _____

❒ Depression ❒ Anxiety/panic disorder ❒ Insomnia ❒ Chronic pain ❒ History (current or past) of dependency/addiction

❒ Rx non-compliance ❒ Job problems ❒ Relationship/family problems ❒ Suicidal/homicidal ideation

❒ Other: _____

Previous or current counseling? ❒ Y ❒ N

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