



# Patient Referral Form

Phone (217) 464-PAIN (7246)  
Fax (217) 464-1672

Referring Physician \_\_\_\_\_ Date \_\_\_\_\_

Contact Person and # \_\_\_\_\_

Physician's Address \_\_\_\_\_ Physician's Fax \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

## Patient Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

Insurance \_\_\_\_\_ Precert Req? \_\_\_\_\_ Phone \_\_\_\_\_

## Diagnosis

\_\_\_\_\_ Acute or Chronic?

New? \_\_\_\_\_ How long? \_\_\_\_\_ Accident? (If so, date): \_\_\_\_\_

## Information required before making an appointment

IDDM  Pacemaker / Defibrillator  Stent  Other \_\_\_\_\_

Anticoagulants or blood thinners (i.e., Coumadin, Plavix, Levenox)  Herbal Therapy \_\_\_\_\_

Also needed:

- Pertinent diagnostic reports (i.e., MRIs, CT scans, EMGs, myelograms, X-rays)
- Office notes
- Current medications
- Updated allergy list

## Instructions:

- Fasting for 4 hrs (6 hrs for Dr. Furry's patients)
- Bring driver
- Bring all medication bottles
- Arrive 45 minutes early to register in Patient Registration

## Appointment (PMC Use)

Date \_\_\_\_\_

Time \_\_\_\_\_

- Evaluate & treat
- Evaluate for implantable infusion system
- Evaluate for spinal cord stimulator
- Injection \_\_\_\_\_
- Trigger Point Injection
- Discography Level(s) \_\_\_\_\_