Pain Specialists of Charleston, P.A.

Get back into life

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Type of Referral:

☐ Evaluate and Treat ☐ Procedure (*check list below*) ☐ Medication Management ☐ Massage Therapy

Date: _____ Referring Physician: _____

Return Fax #: _____ Return Phone #: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number(s): _____ Social Security #: _____

Insurance(s): _____

Help us offer our shared patients the best and timeliest care possible. Please include the following documents in your referral:

- Relevant Medical Records
- MRI/X-Ray Reports (if not available, please refer patient for MRI/X-Ray)
- If Worker's Comp, please include adjuster information
- Copy of Insurance Cards (front & back)
- Patient Demographics

Clinical Information

Patient's Area of Pain: _____

_____

_____

_____

Diagnosis: _____

_____

_____

Diagnosis Code: _____

Patient on Blood Thinner: ☐ Y ☐ N

Prescribed Blood Thinner: _____

_____

Prescribing Physician: _____

Comments: _____

_____

Procedure	Level/Joint/Nerve and Side(s)
Spinal Cord Stimulator Trial	
Peripheral Stimulator Trial	
Interlaminar Epidural Steroid Injection **(CERVICAL)**	
Interlaminar Epidural Steroid Injection **(LUMBAR)**	
Caudal Epidural Steroid Injection	
Transforaminal Epidural Steroid Injection	
Additional Nerve(s)	
Selective Spinal Nerve Blocks	
Additional Nerve(s)	
Facet Joint Injection (Medial Branch Block)	
Additional Nerve(s)	
Sacroiliac Joint Injection	
Provocation Discography	
Radiofrequency Neurotomy (Facet Denervation)	
Additional Joint(s)	
Sympathetic Block	
Costotransverse Joint Injection	
Additional Joint(s)	
Hip Joint Injection	
Shoulder Joint Injection(s)	
Knee Joint Injection(s)	
Ilioinguinal Nerve Block	
Special Request:	

Pain Specialists of Charleston, P.A. wants to ensure all referring physicians are included in the status of our shared patients' treatment plans. Please let us know how you would like to be notified of this patient's appointment date and time.