



## Multidisciplinary Pain Management Referral

Thank you for your referral to St. Claire Pain Management. We look forward to assisting in the care of your patients. In addition to completing this form, please fax our office any recent office notes that pertain to the reason of your referral.

**Please fax completed form and supporting documents to 606.783.7735.**

### PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
DATE OF BIRTH	AGE	PATIENT'S PHONE #	ALTERNATE PHONE #	
PATIENT'S ADDRESS	CITY	STATE	ZIP	

### REFERRAL DETAILS

Type of consult requested:

- ☐ **Comprehensive Pain Consult**  
*Please evaluate and treat with comprehensive pain evaluation including injection therapy, medication recommendations, and possible referral to physical therapy or other non-medication therapy as appropriate.*
- ☐ **Interventional Pain Management (IPM) Consult**  
*Patient interested in interventional procedures only.*
- ☐ **Controlled Medication Assessment (CMA) Consult**  
*Patient is not interested in physical therapy or interventional procedures.*

Primary diagnosis, symptom, or reason requiring pain consult: \_\_\_\_\_

Is there a prior discharge from a pain management provider? ☐ YES ☐ NO

If so, why? \_\_\_\_\_

Is patient currently taking Suboxone? ☐ YES ☐ NO

Is patient currently taking Methadone? ☐ YES ☐ NO

Is patient currently on a Benzodiazapine? ☐ YES ☐ NO

Referring provider preference post consult:

- ☐ Controlled Medication Assessment (CMA) clinic to assume control of all pain medications
- ☐ Interventional Pain Management (IPM) is to provide medication recommendations back to referring physician

### REFERRING PROVIDER

Indicate relationship to the patient: ☐ PCP ☐ SURGEON ☐ OTHER (please specify) \_\_\_\_\_

LAST NAME	FIRST NAME	PHONE	FAX
FORM COMPLETED BY		DATE	

### NOTES

- Please instruct patient to bring all controlled medication bottles and a list of other medications along with any outside imaging including discs and reports to initial evaluation.
- **Please inform patient at time of referral the initial visit is for evaluation and assessment only with no guarantee of controlled medication prescriptions being provided.**
- St. Claire Healthcare will not assume control of intrathecal pump management.