

**Pain Management Referral Form**

Patient name \_\_\_\_\_ date \_\_\_\_\_

Claim # \_\_\_\_\_ Date of injury \_\_\_\_\_ employer \_\_\_\_\_

Referring Physician/Healthcare provider \_\_\_\_\_

Complete address \_\_\_\_\_

Telephone/e-mail \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Pain Diagnoses \_\_\_\_\_

Other Diagnoses \_\_\_\_\_

Pain Surgeries \_\_\_\_\_

Current Medications \_\_\_\_\_

**Treatments attempted without enduring success**

- \_\_\_\_\_ comprehensive, in-patient pain management services **are not** available in this region
- \_\_\_\_\_ exercise/PT
- \_\_\_\_\_ opiate management/detoxification
- \_\_\_\_\_ weight loss
- \_\_\_\_\_ counseling
- \_\_\_\_\_ pain modalities (ie., TPIs, TENS, ES, heat , ice)
- \_\_\_\_\_ polypharmacy
- \_\_\_\_\_ surgery
- \_\_\_\_\_ regional anesthesia (epidural/other blocks)
- \_\_\_\_\_ out-patient efforts have failed to improve condition
- \_\_\_\_\_ other treatments \_\_\_\_\_

**Symptom development**

- \_\_\_\_\_ depression
- \_\_\_\_\_ spread of pain (location and/or intensity)
- \_\_\_\_\_ opiate dependence/abuse/addiction
- \_\_\_\_\_ weight problems
- \_\_\_\_\_ physical atrophy/weakness
- \_\_\_\_\_ impaired ADL's
- \_\_\_\_\_ unemployment
- \_\_\_\_\_ social impairment/isolation
- \_\_\_\_\_ stress disorder
- \_\_\_\_\_ hyperesthesia
- \_\_\_\_\_ allodynia
- \_\_\_\_\_ other \_\_\_\_\_

Signature \_\_\_\_\_ date \_\_\_\_\_