



LifeLincPain CentersSM

PLEASE SEND REFERRALS TO:

1717 High Street, Ste 3B
Hopkinsville, KY 42240
270.881.4150
270.881.4151 (fax)

308 Northcrest Drive
Springfield, Tennessee 37172
615.380.8484
615.380.8238 (fax)

referrals@lifelinc.com

Physician Referral Form
ATTN: NUMBER OF PAGES: _____

Patient Name: _____ DOB: ____/____/____

Referring HCP: _____

Practice Name: _____

Referring HCP Address (City, State, Zip): _____

Referring HCP Phone: () _____ - _____ Referring HCP Fax: () _____ - _____

Referring HCP NPI#: _____

Reason For Referral (Medical Condition/Area Of Pain): _____

Motor Vehicle Accident? Yes No

Work Related Accident? Yes No

Lawsuit Pending?* Yes No *We are unable to treat patients with pending litigation.

Has the patient had any prior surgeries on the brain or spine? Yes No

If yes to any of the above, please explain and attach op notes: _____

Diagnosis: _____

Pain Diagnosis:

- Chronic Migraines
- Other Headaches/Facial Pain
- Cervicalgia (Neck Pain)
- Cervical Radiculopathy
- Cervical Spondylosis
- Thoracic Pain
- Post-Herpetic Neuralgia
- Low Back Pain
- Lumbar Radiculopathy
- Lumbar Spondylosis
- Post-Laminectomy/Failed Back Syndrome
- Joint Pain
 - Shoulders Hips Knees
- Fibromyalgia
- CRPS/RSD

Procedure Requested (If Known) _____

Diagnostic Studies:

MRI _____ X-RAY _____ CT _____ EMG _____

Past Referrals Related To Current Pain Prognosis (Orthopedics, Neurology, Rheumatology, Pain):

Care Received at Alternate Pain Management Center Within the Last Year? Yes No

If Yes; Name of Previous Pain Management Center _____

Discharge letter?* Yes No *Patients must be discharged prior to scheduling with LifeLinc.

Please fax: diagnostic study reports, current medication list, patient demographic and insurance information with this form. Incomplete information will delay this referral. If patient has seen a pain provider in the past, their records and a discharge letter will be required before an appointment can be set up.