

LifeLinc Pain Centers  
8001 Centerview Parkway, Suite 215  
Memphis, TN 38018  
901.249.5905



LifeLincPain Centers<sup>SM</sup>

### Referral Form

**PLEASE FAX THIS PATIENT REFERRAL FORM TO: 901.249.5940**

**ATTN: NUMBER OF PAGES: \_\_\_\_\_**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring HCP: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Referring HCP Phone: (     ) \_\_\_\_-\_\_\_\_     Referring HCP Fax: (     ) \_\_\_\_-\_\_\_\_

Referring HCP NPI#: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

**Pain Diagnosis:**

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

Procedure Requested (If Known) \_\_\_\_\_

**Diagnostic Studies:**

MRI \_\_\_\_\_    X-RAY \_\_\_\_\_    CT \_\_\_\_\_    EMG \_\_\_\_\_

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

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

**REFERRAL QUESTIONS? PLEASE CALL 901.249.5905  
OR EMAIL REFERRALS@LIFELINC.COM.**