LifeLincPain Centers℠

PLEASE SEND REFERRALS TO:

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