

OUTPATIENT PAIN MANAGEMENT SERVICE REFERRAL FORM

(Please complete this form in its entirety before sending to the Pain Service at Route 342 or faxing to 701-280-4492)

Primary Provider: _____	
Phone: _____	Fax: _____
Referral Provider: _____	
Phone: _____	Fax: _____

Diagnosis: _____

Medical History:

1. Prior Spine Surgery Yes No
2. Imaging studies result: _____
3. Anticoagulants: None Warfarin Heparin Clopidigrel Other
4. Other Medical Concerns: Cancer Pain Diabetes Other (specify): _____
5. Allergies: _____
6. Chemical Dependency Issue: Yes No Unknown
7. Medical History Sent to Pain Center: Yes, date faxed / mailed (circle) on _____ No
8. Work related injury? Yes No

- Referral:** Consultation and Treatment
 Procedure Only

(Please Check Box)

- | | |
|---|--|
| <input type="checkbox"/> Lumbar epidural steroid injection, level _____
<input type="checkbox"/> Cervical/thoracic epidural injection
<input type="checkbox"/> Selective nerve root block, level _____
<input type="checkbox"/> Lumbar medial branch block
<input type="checkbox"/> Cervical medial branch block
<input type="checkbox"/> Sacroiliac joint injection
<input type="checkbox"/> Other | <input type="checkbox"/> Placement of Spinal Cord Stimulator
<input type="checkbox"/> Radiofrequency treatment, level _____
<input type="checkbox"/> Stellate ganglion block
<input type="checkbox"/> Occipital nerve block
<input type="checkbox"/> Trigger point injection
<input type="checkbox"/> Lumbar sympathetic block
<input type="checkbox"/> Baclofen trial and/or pump replacement
<input type="checkbox"/> Joint injection (hip, knee, shoulder) |
|---|--|

Insurance: Workers Comp Accident _____ Other _____

Physician Signature: _____ Date: _____

PAIN CENTER USE ONLY		
Appointment Date: _____	<input type="checkbox"/> Yes, date: _____	<input type="checkbox"/> No
X-Rays/Scans/MRI Called for:	<input type="checkbox"/> Yes, date: _____	<input type="checkbox"/> No
Questionnaire Sent:	<input type="checkbox"/> Yes, date: _____	<input type="checkbox"/> No

Generally, the MeritCare Pain Service will NOT prescribe controlled substances on the first visit, except for cancer patients.