PAIN TREATMENT CENTER
180 Sawgrass Drive Suite 210
Rochester, NY 14620
585-242-1300

New Patient Referral Form

Please fax this form to 585-473-5007. Our office responds to all referral inquiries within 24 hours of receipt. Please call the Pain Center at least 48 hours in advance with any cancellations. We appreciate your interest in our center.

GENERAL INFORMATION

Name: _____

Address: _____

Phone Number_____Date of birth: _____ / _____ / _____

INSURANCE:_____Member or Case#_____

WC/MVA Carrier: _____ DOI: _____

WCB/CC# _____ Phone: _____

Referring Physician: _____

Address: _____

Phone: _____

Primary Care Physician (if different from referring physician):

PCP: _____

Address: _____

Phone: _____

CHIEF PAIN COMPLAINTS

1. _____
2. _____
3. _____

SERVICES REQUESTED

Evaluate for pain injections

Evaluate for behavior modalo

Consultation Services for Patients Receiving Chronic Opioid Therapy

PLEASE NOTE: So that we can complete a meaningful consultation for both you and your patient, we REQUIRE that a completed copy of this form is returned with your request for any consultation regarding chronic opioid therapy.

We aim to assist patients and their providers in understanding how and when to use opioids for the long-term treatment of chronic pain.

We are frequently asked to assist with chronic opioid therapy. Because there are so many providers requesting our consultative services, we cannot assume primary prescribing responsibility for this therapy. Nonetheless, we are here to help you. Please help us understand how we can best assist you in the care of your patient by directing our attention to one of the following areas:

□ WHAT IS THE BEST OPIOID TO USE? Is this the best drug(s) for my patient? Please assess the drug/drug combination that this patient j 0.398 0 Td ( )gving and help me to optimize.

□ SHOULD I START OPIOIDS AT ALL? I have not yet started chronic opioid therapy. Is chronic opioid therapy appropriate for my patient?

□ SHOULD I CONTINUE OPIOIDS? F 8 e”ŠĐ€ ,¤ke‘ =6 O <0040001 <03 <004C>3.9 <0047>-3 <0003>]TJ /TT0(ı