WALNUT HILL
PAIN MANAGEMENT & WELLNESS

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www.CTPainRelief.com

REFERRAL FOR TREATMENT

PATIENT INFORMATION

Today's Date:	Referring Physician:		Referring Physician Phone Number: ( )
Patient's Name:		Sex at Birth: ❑ M ❑ F	Patient's Cell Phone Number: ( )
Patient's DOB:	Patient's SSN:	Has Pt Been Treated for Pain Management Before? If so and known, where? ❑ Y ❑ N ❑ Unk	
CT Husky ID (9-characters):	Primary or Other Insurance:	Diagnosis(es), Areas of Pain:	

Pertinent Patient Information (Check all that apply):

- ❑Age 16-45
- ❑Gender Dysmorphic
- ❑Hx of pre-adolescent sexual abuse
- ❑Hx of depression
- ❑Hx of ADD, OCD, bipolar disorder, schizophrenia
- ❑Hx of ETOH abuse
- ❑Hx of illegal drug use
- ❑Hx of prescription drug abuse
- ❑Hx of Delirium/Dementia
- ❑Hx of falls/vertigo
- ❑Hx of sleep apnea/respiratory insufficiency
- ❑Fam Hx of substance use disorder
- ❑Fam Hx of prescription drug abuse
- ❑Other:

To the greatest extent possible, and to help ensure the best treatment outcome, the patient should be educated with respect to the following:

- ✓ 1st visit will be a comprehensive exam and medical history. No meds will be prescribed at this visit.
- ✓ Labs will be ordered and reviewed at follow-up visit
- ✓ Behavioral Assessments will be administered
- ✓ A written treatment and maintenance plan will be designed which must be agreed to and followed in the best interest of the patient
- ✓ Patient/Provider Agreement and supplemental paperwork will be required.
- ✓ Patient may be discharged for violation of Agreement and/or Accepted Office Policies
- ✓ Urine and/or Swab Toxicology Screening will occur

Please Fax (**800-597-3430** HIPAA Secure) this referral with any necessary complete documentation:

- Your last two office visit notes dated within the previous six (6) months
- Recent diagnostic imaging reports (X-Ray, CT Scan, MRI, etc.)
- Blood work lab results within the past six months (BUN/Creat/Ast/Alt/Bili)
- ANA/RF Labs if pt rec'd Dx that does not require imaging such as Fibromyalgia
- Medication list

Please note, it is this office's policy to not accept pts who are actively involved in a Methadone or Suboxone treatment program unless they are safely weaned off these medications with documentation proving as such. Special consideration must also be given on a case-by-case basis to accept patients with a Morphine Milligram Equivalent (MME) score greater than 200. If the patient's management includes the administering of both opioids and benzodiazepines, the opioids will be less than 50 MME/day. High-Risk Protocol will be instituted for those previously discharged from pain mgt or who exhibit inconsistent urine/swab results consisting of, but not limited to, increased weekly/bi-weekly visits prior to returning to a monthly visit course of care.

Referring Provider x_____ Date:_____