

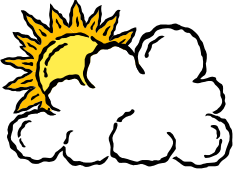


“ Pain as the 5th vital sign “ FAX REFERRAL FORM

All patients should be screened for pain. Once identified, a complete assessment, including physical, emotional, and spiritual components, is necessary to determine cause of pain and appropriate therapy.

DATE:											
TO:											
FROM:											
PATIENT NAME:											
DOB:											
INSURANCE:											
RECEIVING FAX 	_____ PAGES FOR TRANSMISSION: _____										
REASON FOR REFERRAL <ul style="list-style-type: none"> • <i>Rx acute pain aggressively to avoid chronic pain.</i> • <i>Rx chronic pain thoughtfully and systematically.</i> • <i>Reassess regularly.</i> 											
AREA OF PAIN (CIRCLE)	R / L FOOT, ANKLE, LEG, KNEE, THIGH, HIP, LOW BACK, MID-BACK, NECK, SHOULDER, ARM, ELBOW, FOREARM, WRIST, HAND, HEAD OTHER (please explain)										
ATTACHMENTS  please	<table border="0"> <tr> <td>Problem list _____</td> <td>Priority:</td> </tr> <tr> <td>Medication list _____</td> <td>ASAP (please call) _____</td> </tr> <tr> <td>Progress notes _____</td> <td>Urgent _____</td> </tr> <tr> <td>Labs _____</td> <td>Semi-urgent _____</td> </tr> <tr> <td>X-rays _____</td> <td>Routine _____</td> </tr> </table>	Problem list _____	Priority:	Medication list _____	ASAP (please call) _____	Progress notes _____	Urgent _____	Labs _____	Semi-urgent _____	X-rays _____	Routine _____
Problem list _____	Priority:										
Medication list _____	ASAP (please call) _____										
Progress notes _____	Urgent _____										
Labs _____	Semi-urgent _____										
X-rays _____	Routine _____										
Referral for: (circle the number(s) for the treatment requested) 	<ol style="list-style-type: none"> 1. Consultation with Orthopedist, Neurologist, Radiologist, Other _____ 2. Pain Specialist / Palliative Care Expert 3. Mental Health /Depression Screening Therapy 4. Cognitive Behavioral Therapy; Supportive Counseling 5. Physical Therapy, Chiropractic/ Osteopathic Manipulation, Massage 6. Relaxation Techniques: Progressive Muscle Relaxation, Biofeedback 7. Exercise: ROM, Strength, Function, Tai Chi, Qi Gong, Yoga 8. Cutaneous Stimulation: Heat, Cold 9. Counterstimulation: Transcutaneous Electrical Nerve Stimulation (TENS) 10. Acupuncture and Acupressure (Trigger Point Therapy) 										

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