



# PATIENT REFERRAL FORM

Phone: 757-227-3820 Fax: 757-226-9021

www.COVAspineandpain.com

Patient's Name: \_\_\_\_\_  Male  Female D.O.B. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_ HMO Referral # \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 9: \_\_\_\_\_ ICD 10: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Preferred Physician:  First Available  SPEAR  NOCK

Preferred Physical Therapist:  First Available  Bragg  Burch  Levine

## CONSULTATION, TESTING, TREATMENT

**Physiatric Consultation**  EMG/Nerve Conduction Study: Area: \_\_\_\_\_

Diagnostic Ultrasound (Musculoskeletal): Area: \_\_\_\_\_  Headache Consultation

Physical Therapy Evaluation/Treatment (*Please attach script*)

Comments: \_\_\_\_\_

## PROCEDURES (*HUMANA insurance requires prior consultation.*)

Epidural Steroid Injection: Area: \_\_\_\_\_

Facet Joint Injection: Area: \_\_\_\_\_

Sacroiliac Injection

RadioFrequency Denervation (Requires Previous Diagnostic Blocks): Area: \_\_\_\_\_

Image Guided Injections:  Fluoroscopic  Musculoskeletal Ultrasound Area: \_\_\_\_\_

Lumbar Discography: Levels: \_\_\_\_\_

Spinal Cord Stimulator Trial: Area: \_\_\_\_\_

Botox Injection (Consultation Required): Area: \_\_\_\_\_

Regenerative Medicine:  Prolotherapy: Area: \_\_\_\_\_  
(*Requires Consultation*)  Platelet Rich Plasma (PRP): Area: \_\_\_\_\_

**Other:** \_\_\_\_\_

### PLEASE ATTACH THE FOLLOWING INFORMATION:

- Referral, if required
- Copy of insurance card/WC claim information
- Patient Demographics
- Recent Office Notes

### **\*\* We DO NOT participate in the following insurances \*\***

- \* North Carolina Medicaid
- \* All Medicaid HMO's
- \* BCBS – Dual
- \* MAMSI

### **For APM Office Use Only:**

Dr. \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Appointment time: \_\_\_\_\_  Norfolk  Virginia Beach

Attempted to contact patient - NO RESPONSE  Not scheduled after medical review

Comments: \_\_\_\_\_