

**Stanford Pain Management Center  
Referral Intake Form**

Date Info Received: \_\_\_\_\_

Referring Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Already seen at Stanford? Yes \_\_\_ No \_\_\_  
Medical Record Number: \_\_\_\_\_  
Has Patient had a PT evaluation for pain and/or been seen in a Pain Clinic in the last 3 years? Yes \_\_\_ No \_\_\_

Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Auth #: \_\_\_\_\_  
Worker's Comp Insurance Carrier: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Adjuster's Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pain Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Significant PMH: \_\_\_\_\_ Meds: \_\_\_\_\_  
\_\_\_\_\_  
MD Expectations: \_\_\_\_\_  
\_\_\_\_\_  
Will Physician prescribe opiates if they are indicated? Yes \_\_\_ No \_\_\_  
Are more records available from the physician's office? Yes \_\_\_ No \_\_\_

**Are you requesting a procedural only intervention? If so:**

- Epidural – Transforaminal vs. Translaminar - Which Level?(Cervical, Thoracic, Lumbar, Caudal, or level) \_\_\_\_\_
- Selective Nerve Root Blocks – Which Side and Levels? \_\_\_\_\_
- Medial Branch Blocks or Facet Injections – Which Side and Levels? \_\_\_\_\_
- Sympathetic Blockade – Stellate vs. Lumbar? Which Side? \_\_\_\_\_
- Discography – Which Levels? \_\_\_\_\_
- Other Procedures – Side and Levels? \_\_\_\_\_

**Evaluation Decision**  
Multidisciplinary Med Only Procedure: \_\_\_\_\_ Side: \_\_\_\_\_  
Request additional Medical Records? Yes \_\_\_ No \_\_\_  
Form Completed By: Gaeta Mackey