

# Shepherd Pain Institute



SHEPHERD  
CENTER

Shepherd  
Pain Institute

2020 Peachtree Rd., NW Atlanta, GA 30309 Phone 404-355-1144 Fax 404-355-6980 www.shepherdpaininstitute.org

Patient Name \_\_\_\_\_

Phone # \_\_\_\_\_

SS # \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis (ICD-9 Required) \_\_\_\_\_

Insurance Type \_\_\_\_\_

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_

Office Contact \_\_\_\_\_ Fax \_\_\_\_\_

Reason for referral? \_\_\_\_\_

## REFERRAL FOR:

- Consult Only
- Evaluate and Treat
- Evaluate for IDET
- Evaluate for Implantable Pump
- Evaluate for Implantable Stim
- Psychophysiological Evaluation
- Comprehensive Pain Evaluation (MD, PT, PhD)
- BioFeedback
- PHYSICAL THERAPY
- Other \_\_\_\_\_

## Procedure Only

- Acupuncture
- Discogram (Level \_\_\_\_\_)
- Epidural (Level \_\_\_\_\_)
- Nerve Block (Level \_\_\_\_\_)
- Facet Joint Inj (Level \_\_\_\_\_)
- Trigger Point Inj

## REFERRAL TIME FRAME:

- First Available Appt
- ASAP (Within 5 business days)
- Stat *must call office* (Within 24 hrs)

## PROVIDER:

- Bert Blackwell, M.D.
- Erik Shaw, D.O.
- Urszula Klich, Ph.D.
- Chris Nesbitt, PT

## PLEASE INCLUDE THE FOLLOWING:

**Failure to forward the following items will delay scheduling.**

- ✓ Copy of Insurance Card
- ✓ Demographic Information
- ✓ Treatment Notes (history and physical, and last three progress notes)
- ✓ Diagnostic Reports (including X-Ray, CT, MRI or EMG)
- ✓ Any other medical information you feel may be of assistance

Scheduled By \_\_\_\_\_

Appt Date/Time \_\_\_\_\_ Physician \_\_\_\_\_

*Thank you for choosing the Shepherd Pain Institute*