



Shepherd Spine and Pain Institute
Provider Referral Form
www.shepherdpaininstitute.org

Patient Information

Last Name: _____ First Name: _____ Initial: _____

DOB: _____ SS #: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Insurance: _____ Insurance ID #: _____

Referral Information

Referring Provider: _____ Office Contact: _____

Office Phone: _____ Fax: _____

Reason for Consult (explain): _____

Diagnosis (ICD-10): _____

Referral for:

- | | |
|---|---|
| <input type="checkbox"/> Consultation Only | <input type="checkbox"/> Second Opinion |
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Bio-feedback |
| <input type="checkbox"/> Comprehensive Pain Evaluation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Physical Therapy (include order signed by MD) | |
| <input type="checkbox"/> Psychological Pain Services:
Cognitive Behavioral Therapy | |

Provider:

- | | | |
|--|--|--|
| <input type="checkbox"/> First Available | <input type="checkbox"/> James Liadis, MD | <input type="checkbox"/> Wendy Magnoli, Ph.D |
| <input type="checkbox"/> Erik Shaw, DO | <input type="checkbox"/> Augustine Lee, MD | <input type="checkbox"/> Chris Nesbitt, PT |

Next Available Appointment

Please include the following items with the referral:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Facesheet | <input checked="" type="checkbox"/> Surgical and Procedure Notes |
| <input checked="" type="checkbox"/> History & Physical | <input checked="" type="checkbox"/> Medication List |
| <input checked="" type="checkbox"/> Last three office visit notes | <input checked="" type="checkbox"/> Diagnostic Imaging and Testing Reports (MRI, CT scan, EMG, X-Rays) |
| <input checked="" type="checkbox"/> Psychological Reports | |

Please mail or fax referral and medical records to:

- | | |
|--|---------------------|
| ▶ Shepherd Spine and Pain Institute
2020 Peachtree Road, NW.
Atlanta, Georgia 30309
Attn: New Patient Coordinator | ▶ Fax: 404-603-4418 |
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- ▶ For questions, please contact our New Patient Coordinator by phone 404-603-4203.

2020 Peachtree Road NW Atlanta, Georgia 30309