



**Shepherd Spine and Pain Institute  
Provider Referral Form**  
[www.shepherdpaininstitute.org](http://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"/> Evaluate for Ketamine Infusion |
| <input type="checkbox"/> Comprehensive Pain Evaluation                                |   |
| <input type="checkbox"/> Physical Therapy (include order signed by MD)                | <input type="checkbox"/> Bio-feedback                   |
| <input type="checkbox"/> Psychological Pain Services:<br>Cognitive Behavioral Therapy | <input type="checkbox"/> Other: _____                   |

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"/> 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<br>(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<br>2020 Peachtree Road, NW.<br>Atlanta, Georgia 30309<br>Attn: New Patient Coordinator | ▶ Fax: 404-603-4418 |
|--|---------------------|

- ▶ For questions, please contact our New Patient Coordinator by phone 404-603-4203.

2020 Peachtree Road NW Atlanta, Georgia 30309