



Provider Referral Form

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: _____

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) | <input type="checkbox"/> Bio-feedback |
| <input type="checkbox"/> Psychological Pain Services: | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cognitive Behavioral Therapy | |

Provider:

- | | |
|---|---|
| <input type="checkbox"/> Frist Available | <input type="checkbox"/> Chris Nesbitt, PT |
| <input type="checkbox"/> Erik Shaw, DO | <input type="checkbox"/> Wendy Magnoli, P.h.D |
| <input type="checkbox"/> James Liadis, MD | |

- | | |
|---|---|
| <input type="checkbox"/> Urgent Appointment | <input type="checkbox"/> Next Available Appointment |
|---|---|



Shepherd Center
SPINE AND PAIN INSTITUTE

Please include the following items with the referral:

- ✓ Facesheet
- ✓ History & Physical
- ✓ Last three office visit notes
- ✓ Psychological Reports
- ✓ Surgical and Procedure Notes
- ✓ Medication List
- ✓ Diagnostic Imaging and Testing Reports (MRI, CT scan, EMG, X-Rays)

Please mail, fax, or email referral and medical records to:

► Shepherd Spine and Pain Institute

Attn: Katie Watson

2020 Peachtree Road, NW.

Atlanta, Georgia 30309

Fax: 404-603-4418

Email: painreferrals@shepherd.org

- For questions, please contact our Katie Watson by phone 404-603-4203 or email painreferrals@shepherd.org.

Scheduled by: _____ Provider: _____

Appointment Date/Time: _____