



# Tennessee Valley Pain Consultants

Leaders in Nonsurgical Pain Relief

## Physician Fax Referral - Fax to (256) 265-7927

### Referring Physician Information:

Date: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Clinic Contact: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Diagnosis / Region of Pain: \_\_\_\_\_  
 Procedure Only Requested Procedure: \_\_\_\_\_

### Interventional Pain Management Physicians:

- Ronald Collins, M.D.       Morris Scherlis, M.D.       Michael Cosgrove, M.D.  
 Roddie Gantt, M.D.       Thomas Kraus, D.O.       First Available

### Patient Information:

PATIENT'S LEGAL NAME		DOB	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	SOCIAL SECURITY #
ADDRESS		CITY	STATE	ZIP CODE	
PREFERRED TELEPHONE #	SECONDARY PHONE #		WORK TELEPHONE #		
PERSON TO NOTIFY IN CASE OF AN EMERGENCY				TELEPHONE #	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		RACE	EMAIL		

Referral due to an accident?       Yes       No  
 Is patient on anti-inflammatory meds?       Yes       No  
 Is patient a diabetic?       Yes       No  
 Is patient on blood thinner?       Yes       No  
 Has patient been seen by another pain specialist?       Yes       No      If yes \_\_\_\_\_  
 Has patient ever received any pain injections?       Yes       No      If yes \_\_\_\_\_

### Insurance Information:

PRIMARY INSURANCE NAME		POLICY NUMBER		GROUP NUMBER
GUARANTORS NAME	DOB	SSN#	RELATION TO PATIENT	
SECONDARY INSURANCE		POLICY NUMBER		GROUP NUMBER
GUARANTORS NAME	DOB	SSN#	RELATION TO PATIENT	

### Worker's Compensation (If applicable):

CONTACT PERSON / ADJUSTER	TELEPHONE	DATE OF INJURY
ACCIDENT PLACE / EMPLOYER	ACCIDENT NATURE	

