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.   ❑ First Available

❑ Roddie Gantt, M.D.   ❑ Thomas Kraus, D.O.   ❑ Clayton Newell, M.D.

Patient Information:

PATIENT'S LEGAL NAME	DOB	SEX ❑ M ❑ F	AGE	SOCIAL SECURITY #
ADDRESS	CITY	STATE	ZIP CODE	
PREFERRED TELEPHONE #	SECONDARY PHONE #	WORK TELEPHONE #		
MARITAL STATUS ❑ SINGLE ❑ MARRIED ❑ WIDOWED ❑ 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	