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. ❑ Bradley Wargo, D.O.

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

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