



Flint Hills

PAIN MANAGEMENT^{PA}

1213 Hylton Heights Rd., #109
Manhattan, Kansas 66502
T: (785) 320-7576
F: (785) 320-5428

PATIENT INFORMATION

Today's Date / / Patient Name: _____ Gender: M F
 Date Of Birth / / Daytime Phone: _____ Evening Phone: _____
 Insurance: _____ Phone: _____
 Workers' Compensation _____ Auto Accident Carrier: _____
 Pre-Authorization needed (Yes/No): _____ Authorization #: _____
 Via Appointment Date: / / Arrival Time: _____ Notes: _____
 Interpreter Needed – Language: _____

PROCEDURE / AREA OF PAIN

SPINE PAIN MANAGEMENT

- Epidural Steroid Injection
- Facet Steroid Injection
- Selective Nerve Root Block
- Sacroiliac Joint Steroid Injection
- IPM / Spine Injection Consultation
- Other : _____
LEVEL _____ L R

JOINT PAIN MANAGEMENT

- (specify) _____
LEVEL _____ L R

PLEASE SPECIFY:

- Headache/Migraine
- TMJ / Facial Pain
- Neck Pain
- Shoulder Pain
- Arm Pain
- Wrist/Hand Pain
- Carpal Tunnel Syndrome
- Mid-Back Pain
- Rib Pain
- Low-Back Pain
- SI Joint Pain

- Sciatica
- Ankle/Foot Pain
- RSDS
- Hip Pain
- Leg Pain

PLEASE SPECIFY:

- Work Injury
- MVA Injury
- Other _____

DIAGNOSIS / HISTORY

Diagnosis and Area: _____
 Symptoms and Duration: _____
 Allergies: _____
 Prior Exams and Locations: _____
 Prior Injections (Include Doctor or Clinic): _____
 Prior MRI (please send findings): _____

PRIMARY PHISICIAN INFORMATION

Referring Physician/Office: _____
 Phone Number: _____ Fax Number: _____
 Report you wish to receive:
 Fax Report Telephone Report Copy of Additional Exam Findings (specify): _____

REFERRING OFFICE, PLEASE FAX THIS TO (785) 320-5428

Thank you for referral!