

The Center for Pain Relief

400 Court Street, Suite 100 Charleston, WV 25301 Phone (304)347-6120 Fax (304)347-6205

NEW PATIENT CONSULT

Information Requested	Completed Information
Date:	
Requesting Physician:	
Requesting Physician UPIN #:	
Requesting Physician NPI #:	
Office Address:	
Office Phone Number:	
Patient Name (Last, First, Middle Initial):	
Date of Birth:	
Social Security Number:	
Home Address:	
Home Phone Number:	
Work/Alternate Phone Number:	
Reason For Consult	
Is this an Auto Accident Injury:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Work Related Injury:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Type:	
Referral or Authorization Number:	
If applicable Workers Compensation D.O.I.:	
• Workers Compensation Claim Number:	
• Allowed Diagnosis Codes	
• Case Manager (Name and Phone #)	


Please provide the following information along with the referral to avoid delays in scheduling.

- All Medical Records including MRI and Radiology Reports, Office Notes, Etc.
- Copy of Insurance Cards
- Copy of Authorization and or Referral Number when applicable (Workers Compensation, Carelink, Aetna, Cigna, Etc.)

New Patient Consultation is a consult only, and does not guarantee medication management.

Thank you for your referral. If you have any questions or your referral has not been processed within 2 weeks, please feel free to contact the Center.

**Dr. Timothy Deer MD Dr. Christopher Kim MD Dr. Richard Bowman MD Dr. Jason Pope MD
Dr. Brian S. Yee D.O. C. Douglas Stewart, PA-C, MBA Wil Tolentino PA-C Mike Laughery Director**

Consult Referral Form 2013 CPR-0013 (REV 03/13) Page 1 of 1 *hcpnewcon*	Chart Copy	USE LABEL OR PRINT PATIENT ID HERE
 SAINT FRANCIS HOSPITAL		