



Valley Medical & Wellness

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1789 Woodlane Dr, Suite A, Woodbury, MN 55125 (Woodbury)
Tel: (612)-444-3000 **Fax:** (612)-444-9000

REFERRAL FORM

Please Fax Form to 612-444-9000

Please complete all sections of this form. Your patient will receive a phone call to scheduled appointment.

Patient Details

Patient Name: _____
Date of birth: _____ Patient Phone: _____ Sex: Male Female
Patient Address: _____
Insurance Carrier: _____ Insurance ID No: _____

Referral Details

Reason for referral / primary diagnosis: _____

Consultation Only

Evaluate and Treat:

- Manage chronic pain medications Substance Abuse Services (e.g. alcohol, opioids)
 Opioid Dependence Neck pain Back pain Headaches Fibromyalgia
 Other: _____

Evaluate and Consider:

- Trigger Point Injections Prolotherapy
 Viscosupplementation (Hyaluronic acid) Large Joint Steroid Injection
 Sacroiliac Joint Injection Suprascapular Nerve Block
 Botox (Cervical Dystonia/Chronic Migraine) Supraorbital Nerve Block
 Dorsal Digital Nerve Block (Morton's Neuroma)
 Other: _____

Please include 6-12 months of past medical records and any relevant pathology and imaging results with this referral. This information will assist us in appropriately triaging your patient.

Medical Records Included: 6 months 12 months Other _____

Additional Comments: _____

Referring Physician

Provider Name: _____ Clinic Name: _____
Phone Number: _____ Fax Number: _____

Provider's signature: _____ Date: _____