THE Pain Center & Regenerative Institute
MOVE FORWARD

5110 Woodside Executive Court
Aiken, SC 29803

19 Moss Creek Village
Hilton Head Island, SC 29926

REFERRAL FORM

Today's Date _____

PATIENT INFORMATION

Patient History

- ☐ history of self-harm
- ☐ history of illegal drug use
- ☐ none apply
- ☐ history of an inappropriate drug screen
- ☐ history of discharge from a pain center

Please select any that are appropriate. Be advised: if any of the boxes noting a relevant history are checked, the patiend will not be a candidate to receive narcotics from The Pain Center and Regenerative Institute.

Reason for Referral

- ☐ evaluation and treatment
- ☐ block only
- ☐ evaluation only
- ☐ worker comp

Patient's Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Insurance Carrier _____

Policy Number _____

Patient Pain Conditions

- ☐ arthritis
- ☐ back pain
- ☐ cancer pain
- ☐ CRPS (RSD)
- ☐ diabetes
- ☐ extremity pain
- ☐ failed-back surgery
- ☐ headaches & migraines
- ☐ joint pain
- ☐ myofascial syndrome
- ☐ neck pain
- ☐ neuropathic pain
- ☐ poor circulation
- ☐ post-surgical pain
- ☐ sciatica
- ☐ shingles
- ☐ spinal cord injury
- ☐ sports injuries
- ☐ work-related injury
- ☐ other _____

REFERRING INFORMATION

Practice _____

Physician/Referrer's Name _____

Contact Email for Practice _____

Practice Phone Number _____

Fax Number _____

Practice Contact Name _____

Notes to Follow

☐ yes ☐ no

Additional Comments

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