CASCADE ORTHOPAEDICS

CASCADE SPINE CENTER & PHYSICAL MEDICINE REFERRAL FORM

COMPREHENSIVE SPINE CARE • MUSCULOSKELETAL MEDICINE • ELECTRODIAGNOSTICS

Patient's Name: _____ DOB: _____ Acct # _____

Clinical Diagnosis/History:

REASON FOR REFERRAL

- ☐ Myelopathy (e.g. gait imbalance, hyper reflexia)
- ☐ Radiculopathy / Sciatica ☐ R ☐ L / ☐ UE ☐ LE
- ☐ Stenosis ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Spinal Instability
- ☐ Spine Fracture (Vertebral Compression / Burst)
- ☐ Arthritis / Tendinopathy / Enthesopathy – Site: _____
- ☐ Back Pain / ☐ Neck Pain
- ☐ Failed Back / Neck Surgery Syndrome
- ☐ Neuropathy
- ☐ Peripheral Compressive Neuropathy (e.g. CTS)
- ☐ Trauma
- ☐ Other: _____

TYPE OF REFERRAL

- ☐ Consultation (Evaluation only)
- ☐ Consultation (Evaluate & Treat)
- ☐ Interventional Procedure/Study (see below)
- ☐ Second Opinion
- ☐ Transfer of Care
- ☐ Other: _____

PHYSICIAN PREFERENCE

- ☐ First Available – Spine & Physical Medicine (Interventional Spine, Musculoskeletal, Electrodiagnostics)
  - ☐ Alan Chen, MD ☐ Alan Chen, MD or Stephen Wheeler, PA (first available)
  - ☐ Susie S. Kwon, MD
  - ☐ _____
- ☐ Andelle Teng, MD (Orthopaedic Spine Surgeon)
- ☐ Other: _____

FOR PHYSIATRY & INTERVENTIONAL PAIN REFERRAL

INTERVENTIONAL PROCEDURE

- ☐ Pain Management Evaluation
- ☐ Epidural Steroid Injection ☐ Cervical ☐ Lumbar
- ☐ Trigger Point Injection
- ☐ Facet Joint Injection(s) / MBNB
- ☐ Radiofrequency Ablation
- ☐ Sacroiliac Joint Injection ☐ R ☐ L
- ☐ Peripheral Joint Injection – Site: _____
- ☐ Spinal Cord Stimulator Evaluation (Radicular pain / Neuropathic Pain with h/o Spine surgery)
- ☐ Other:

EMG & NCV STUDY

- ☐ Upper Extremity ☐ R ☐ L
- ☐ Lower Extremity ☐ R ☐ L

Note:

Ref. Provider's Signature: _____ Date: _____

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