



# NEBRASKA PAIN INSTITUTE

*Getting you back to the good life*

4546 S 86<sup>th</sup> St, Suite B

Lincoln, NE 68526

Phone: (402) 488-7246

Fax: (402) 488-7247

info@NebraskaPainInstitute.com

## SELF-REFERRAL FORM

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact Phone Number: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Have you ever been treated by a pain management specialist?  YES  NO

If so, who was the treating physician? \_\_\_\_\_

Who is your primary care physician? \_\_\_\_\_

Do you have health insurance?  YES  NO

Primary insurance Co: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary insurance Co: \_\_\_\_\_ ID#: \_\_\_\_\_

Please sign the attached 'Medical Release of Information Form' and include with this form. Email, fax, or deliver to address above. If you have any records regarding your current pain condition, please send include along with forms.

We appreciate the opportunity to participate in your care. We will contact you to schedule an appointment as soon as possible.