FAX REFERRAL FORM

Fax (800) 940-9601
Ph (269)-266-3104
www.greatlakespain.com

GLPC
GREAT LAKES PAIN CENTER

Please fax this form, along with appropriate patient medical information to our central scheduling location at GLPC. We will call your patient to schedule an initial consult in the first available appointment and will notify you of the appointment details.

Date: _____ Patient Name: _____

Social Security No: _____ Date of Birth: _____ Home Phone No: _____

Referring Physician: _____ Phone No: _____ Fax No: _____

Referring Office Contact: _____ PCP (if not referring Dr): _____

PCP Phone No: _____

☐ **Demographics are included with this fax** ☐ **Copy of insurance card is included with this fax**

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Spouse's Name: _____

Patient Address: _____

Employer: _____

Is this Work or Auto related? ☐ No ☐ Yes, if yes, please provide the Claim No: _____

Date of Injury: _____ Insurance Carrier: _____

Adjuster Name: _____ Phone No: _____

Primary Insurance: _____

Contract No: _____ Insured Name: _____

Group No: _____ Employer: _____

Secondary Insurance: _____

Contract No: _____ Insured Name: _____

Group No: _____ Employer: _____

Reason for Referral:

☐ Injection Therapy ☐ Discogram ☐ Platelet Rich Plasma Therapy (PRP)

☐ Evaluate and Treat ☐ Medication Treatment Plan ☐ Post Surgical Complications

☐ Kyphoplasty ☐ Spinal Cord Stimulator Trial

Provider: ☐ First Available ☐ Erik Voogd, MD ☐ Doreen Toner, MSN, RN-BC, AG-NP

Diagnosis: _____

_____

Records - In order to schedule your patient, please send the following records with your referral:
(Please note, if applicable records have not been received, the patients appointment may be delayed)

☐ Previous pain management records..... ☐ None

☐ Most recent imaging related to diagnosis..... ☐ None

☐ Current medication list..... ☐ None

☐ Most recent chart notes related to diagnosis..... ☐ None

☐ Initial evaluation and discharge summary for previous physical therapy related to diagnosis..... ☐ None

*If you are receiving transmission errors or have questions, please call (**269) 266-3104.***