

**ADVANCED PAIN MEDICINE ASSOCIATES**

**\*\*Providing Hope for Pain Sufferers\*\***

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**PAIN MANAGEMENT REFERRAL**

Today's Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Office contact person: \_\_\_\_\_ Tel: \_\_\_\_\_ Ext. \_\_\_\_\_

**MEDICAL RECORDS MUST BE RECEIVED PRIOR TO SCHEDULING THE PATIENT**

Record review is required to determine acceptance to our clinic, see below for the required information.

Failure to send the required records will only delay this process for your patient.

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

Diagnosis: \_\_\_\_\_ Has the Pt. been seen by other Pain Specialist?  Y  N

If YES-who: \_\_\_\_\_ Any pain injections done?  Y  N When: \_\_\_\_\_

**✓ CHECK ALL THAT APPLY: Please specify below what you are referring for:**

- Medication Mgmt: Eval and Treat**
- Injections: Eval and Treat**
- Other:**  **Spinal Cord Stimulator consult and treat**  
 **Intrathecal Opioid Pump consult and treat**
- Consult and Treatment Recommendations Only**
- 1 Time Visit: This does not include med mgmt or procedures**
- Physical Medicine & Rehabilitation Evaluation**

**THE FOLLOWING MUST BE FAXED**

1. **ALL patient demographic** information with **CURRENT LABS**.
2. **CLEAR COPY of insurance card(s)**, Front & Back please.
3. **Last 6 Months or more of OFFICE NOTES** pertaining to the patients chronic pain issues.
4. **ANY DIAGNOSTIC/SCAN REPORTS** within the past 1-2 years
5. **PLEASE PROVIDE A REFERRAL** [if required] **TO INCLUDE URINE DRUG SCREENS &/OR "LAB"**  
\*\*\*This is strictly enforced by our office and considered "Standard of Care" for Pain Mgmt.
6. **If MVA** please provide: accident date, insurance company, health coverage
7. **If Work Comp** please provide: Billing info , Claim #, Pt. Attorney and W/C contact

**\*\*\*\*We do not participate with any State Medicaid Programs.\*\*\*\***

We appreciate your referral and look forward to providing quality care for your patients.

Talana Jameson,

New Patient Coordinator, Tel: 316.942.4519 ext.228.

Fax: 316.942.4655