Precision Pain Care
Specializing in Advanced Spinal Techniques

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Graf Hilgenhurst, MD
Board Certified Anesthesiologist
Board Certified Pain Management

PATIENT INFORMATION

PATIENT NAME:		DATE OF BIRTH:
PATIENT ADDRESS:	PATIENT PHONE:	PATIENT EMAIL:
INSURANCE NAME:	INSURANCE POLICY ID:	
SECONDARY INSURANCE:	SECONDARY POLICY ID:	

REFERRING PROVIDER INFORMATION

NAME:	NPI#
ADDRESS:	PHONE
	FAX
REFERRING PROVIDER SIGNATURE	DATE
REFERRAL CONTACT:	

PATIENT DIAGNOSIS (check all that apply)

- ☐ Cancer Pain
- ☐ Cervical Spine Pain
- ☐ Head, Neck, & Throat
- ☐ Headache
- ☐ Hip Pain
- ☐ Knee Pain
- ☐ Low Back Pain
- ☐ Lumbar-Sacral Pain
- ☐ Migraines
- ☐ Myofacial Pain
- ☐ Neck Pain
- ☐ Neuropathic Pain
- ☐ Pelvic Pain
- ☐ Peripheral Neuropathy
- ☐ Phantom Pain
- ☐ Post Surgical Pain
- ☐ Sacroliac Pain
- ☐ Sciatica Radiculopathy
- ☐ Shingles Pain
- ☐ Shoulder Pain
- ☐ Spinal Compression
- ☐ Sympathetic Mediated Pain
- ☐ Thoracic Pain
- ☐ Other:

REQUESTED TREATMENT

☐ CONSULTATION ONLY ☐ EVALUATE & TREAT ☐ PROCEDURE ONLY

REQUESTED PROCEDURE (check all that apply)

- ☐ Botox Injection (Pain)
- ☐ Bursa Injections
- ☐ Discogram
- ☐ Epidural Injection
- ☐ Facet Injections/Medial Branch Block
- ☐ Joint Injection
- ☐ Occipital Nerve Block
- ☐ Radio Frequency Ablation
- ☐ Selective Nerve Root Block
- ☐ SI Joint Injection
- ☐ Spinal Cord Stimulator Trial
- ☐ Sympathetic Nerve Blocks
- ☐ Trigger Point Injection
- ☐ Other:

DOCUMENTATION REQUIRED WITH REFERRAL

1) Demographic Sheet
2) Copy of Insurance Card (or WorkComp Data)
3) Last Two Office Notes
4) Most Recent Imaging Reports
5) Insurance Referral (if applicable)

To Request Referral Pads Please Contact: info@precisionpaincare.com