



Kansas
PAIN MANAGEMENT

Consultation Request

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PATIENT _____ DATE _____
PHONE# _____ DOB _____

AREA OF CONCERN:

- ☐ Low back pain
- ☐ Neck pain
- ☐ Shingles or nerve pain
- ☐ Spinal stenosis
- ☐ SI Joint Dysfunction
- ☐ Facet Syndrome
- ☐ Headache
- ☐ Post-Surgical Pain
- ☐ Arthritis pain
- ☐ Myofascial Pain/ Fibromyalgia
- ☐ RSD/CRPS
- ☐ Lumbar Spinal Stenosis
Ketamine Infusion
- ☐ Other _____

REFERRING PHYSICIAN INFORMATION

REFERRING PHYSICIAN NAME _____
FAX NUMBER _____
Phone Number _____

CHECK HERE IF URGENT REFERRAL

PAIN MANAGEMENT INTERVENTIONAL PROCEDURES:

- ☐ Epidural or Selective Nerve Root Block
- ☐ SI Joint Injection
- ☐ Facet Injections
- ☐ Trigger Point Injections
- ☐ Radiofrequency ablation
- ☐ Discography
- ☐ Neuromodulation: peripheral/abdominal wall stimulation
- ☐ Trigeminal nerve block/sphenopalatine nerve block
- ☐ Spinal Cord Stimulation Trial/Implant
- ☐ Vertebroplasty/Kyphoplasty
- ☐ Lysis of Adhesions Lumbar Spine
- ☐ PRP (Platelet Rich Plasma)
- ☐ Knee steroid/hyalgan injections /RFA
- ☐ Minimally Invasive Lumbar Decompression (MILD)
- ☐ Implantable Intrathecal Pumps
- ☐ Intercostal Nerve Block
- ☐ Ilioinguinal & Iliohypogastric Nerve Block
- ☐ Pudendal/ganglion-impar block
- ☐ Stellate/Sympathetic block/inferior hypogastric/celiac plexus
- ☐ Botox: Migraine/Cervical Dystonia
- ☐ Lumbar Fusion
- ☐ SI Joint Fusion



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