



Regional Pain Consultants

**Fax Patient Demographic sheet with referral, last office note & imaging if available.  
ALL PATIENTS WILL HAVE AN OFFICE VISIT BEFORE INTERVENTION**

Locations: Tupelo | Corinth | Starkville  
(662) 377-PAIN (7246) | Fax (662) 377-2264

### New Patient Referral Form

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Workers Comp: \_\_\_\_\_

(If Workers Comp or Veterans/Tricare visit – please include W/C carrier information and approval letter or PA for Veterans-Tricare visit.)

Diagnosis (Required): \_\_\_\_\_

Location of Pain: \_\_\_\_\_

#### Medication Management

1st Available NP: \_\_\_\_

#### Addiction Management

1st Available: \_\_\_\_ Dr. Drew Blackstock: \_\_\_\_ Dr. Brent Boyett: \_\_\_\_

Does patient have a history of narcotic/substance abuse? Yes \_\_\_\_ No \_\_\_\_

If yes, EXPLAIN: \_\_\_\_\_

#### Pain Injection Services—Evaluate & Treat

1st Available: \_\_\_\_ Dr. Kevin Silver \_\_\_\_ Dr. Robert Thompson \_\_\_\_ Dr. Jimmy Windham \_\_\_\_

EMG Referral: Dr. Kevin Silver \_\_\_\_ (NO LOTION on appointment day)

**For Office Use Only:** Date Received \_\_\_\_\_ Patient Notified: Yes \_\_\_\_ No \_\_\_\_

Patient Appointment Date: \_\_\_\_\_ Provider to see: \_\_\_\_\_