Dartmouth Health

Dartmouth Hitchcock Medical Center

Phone: (603) 650-2225
Fax: (603) 676-4080
Medically Urgent Fax: (603) 640-1909

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? ❑ No ❑ Yes Language:_____

Health Insurance: _____Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for the Center for Pain and Spine

Diagnosis: _____

(Please include operative/procedure notes and any pertinent imaging and imaging reports with the referral (please limit to 30 pages)

Clinical Question You Want Answered: _____

_____

Pertinent Image Studies: ❑ MRI ❑ CAT Scan ❑ XRAY ❑ Other (please specify): _____

_____

Images Studies (images and reports) included in referral? ❑ No ❑ Yes If No, please specify where and when studies were completed: _____

Existing Implanted Devices: _____

Are you requesting a specific provider? If so please list here: _____

We offer a number of different services. Please choose from one of the following options:

❑ **Pain Specialist Evaluation for a Non-Spine Issue** – Evaluation by a pain management specialist to include medication management or injections.

❑ **Pain Specialist Evaluation for a Spine Specific Diagnosis** – Evaluation by a pain management specialist to include medication management (non-opiate options), injections, Spinal Cord Stimulators, Medication pumps etc. Patient must have had an MRI within the last 12 months or a CT scan is MRI is medically contraindicated.

❑ **Surgical Opinion** – For patients who have failed conservative treatment and are seeking a surgical opinion for a spine complaint. Patient must have had an MRI within the last 12 months or a CT scan if MRI is medically contraindicated.

❑ **Screening Clinic for Spine Specific Diagnosis** – for patient without prior work-up or advanced imaging. This is a remote video or phone visit to get a patient clinically triaged by a spine provider and start a plan of care.

❑ **Functional Restoration Program** – Comprehensive Evaluation for patients with chronic pain lasting for more than 3 months, to assess physical capabilities, personal goals, and make recommendations for rehabilitation.