

Humboldt County Referral Form – Specialty Guidelines

ST JOSEPH HEALTH INTERVENTIONAL PAIN MANAGEMENT

- All referrals must include:
 Completed Humboldt County Referral Initiative – Referral Form
 Patient contact and **insurance information**
 List of current medications
- Fax referral to: 707-476-2932
- Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan.
- We will call patient to schedule

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
<ul style="list-style-type: none"> • <u>Spine complaints</u> (include area exa: lumbar, cervical, thoracic, L2-L4. 	Referral form must list specific area of spine that patient is being referred for Most recent notes relating to the complaint MRI or CT Imaging (within the past 12 months) Documentation of conservative treatment measures attempted and failed. Pain medication, physical therapy, intervention pain management, etc.	Prior records that are pertinent to referral
<ul style="list-style-type: none"> • <u>Botox referrals</u> 	Most recent notes relating to the complaint All tried and failed medications re: chronic migraine diagnosis (including dates) Notes regarding any previous Botox treatment	Prior records that are pertinent to referral
<ul style="list-style-type: none"> • <u>All other referrals</u> (Be specific with reason/area) 	Most recent notes relating to the complaint Documentation of conservative treatment measures attempted and failed. Pain medication, physical therapy, intervention pain management, etc. MRI/CT imaging (with past 12 months)	Prior records that are pertinent to referral