

## Humboldt County Referral Form – Specialty Guidelines

### Providence – Interventional Pain Management

- All referrals must include insurance information and List Specific Area of Pain/Completely filled out
- Fax referral: 707-476-2932

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
<b>Low Back Pain</b>	<ul style="list-style-type: none"> <li>• Referring Providers H&amp;P And Office Notes</li> <li>• MRI Within 1 Year Of Referral Date Of Lumbar Spine</li> <li>• Recent Physical Therapy</li> <li>• Recent Use Of NSAIDS, Gabapentin, Analgesics</li> <li>• Past Pain Management Notes From Other Provider</li> <li>• ED Notes Regarding This Issue</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation Of Other Conservative Care Tried</li> <li>• Other Imaging/Tests (Xrays/Dexa/etc)</li> </ul>
<b>Neck Pain</b>	<ul style="list-style-type: none"> <li>• Referring Providers H&amp;P And Office Notes</li> <li>• MRI within 1 Year Of Referral Date Of Cervical Spine</li> <li>• Recent Physical Therapy</li> <li>• Recent Use Of NSAIDS, Gabapentin, Analgesics</li> <li>• Past Pain Management Notes From Other Provider</li> <li>• ED Notes Regarding This Issue</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of other Conservative care tried</li> <li>• Other Imaging/Tests (Xrays/Dexa/etc)</li> </ul>
<b>MID-TO UPPER BACK/ L2-L4</b>	<ul style="list-style-type: none"> <li>• Referring Providers H&amp;P And Office Notes</li> <li>• MRI Within 1 Year Of Referral Date Of Thoracic Spine</li> <li>• Recent Physical Therapy</li> <li>• Recent Use Of NSAIDS, Gabapentin, Analgesics</li> <li>• Past Pain Management Notes From Other Provider</li> <li>• ED Notes Regarding This Issue</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation Of Other Conservative Care Tried</li> <li>• Other Imaging/Tests (Xrays/Dexa/etc)</li> </ul>
<b>ALL OTHER REFERRALS</b>	<ul style="list-style-type: none"> <li>• Referring Providers H&amp;P And Office Notes</li> <li>• MRI within 1 Year Of Referral Date Of Thoracic Spine</li> <li>• Recent Physical Therapy</li> <li>• Recent Use Of NSAIDS, Gabapentin, Analgesics</li> <li>• Past Pain Management Notes From Other Provider</li> <li>• ED Notes Regarding This Issue</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation Of Other Conservative Care Tried</li> <li>• Other Imaging/Tests (Xrays/Dexa/etc)</li> </ul>