



NORTH MISSISSIPPI HEALTH SERVICES

North Mississippi Regional Pain Consultants-Hamilton

Fax Patient Demographic sheet with referral, last office note & imaging if available.

ALL PATIENTS WILL HAVE AN OFFICE VISIT BEFORE INTERVENTION

1256 Military Street South | Suite A | Hamilton, Alabama
(205) 921-4070 | Fax (205) 921-4076

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. Brent Boyett: ____

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

If yes, EXPLAIN: _____

Pain Injection Services—Evaluate & Treat

1st Available: ____

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: _____