



# HOUSTON PAIN & SPINE

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Houston Pain and Spine  
www.houstonpainandspine.com  
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## REFERRAL TO INTERVENTIONAL PAIN MANAGEMENT

Please fax this completed form to 832.436.4050 or email to [sprashad@houstonpainandspine.com](mailto:sprashad@houstonpainandspine.com)

### REFERRING PHYSICIAN

Physician Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date  
of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

### SERVICES

- ☐ Consultation only
- ☐ Referral with ongoing management
- ☐ Consultation with procedure as appropriate
- ☐ Procedures only (please indicate procedure from the list below)

### PROCEDURE ONLY

- ☐ Epidural steroid Level: \_\_\_\_\_
- ☐ Transforaminal epidural  
Level side: R \_\_\_\_\_ L \_\_\_\_\_
- ☐ Facet joint injection  
Level side: R \_\_\_\_\_ L \_\_\_\_\_
- ☐ Trigger point injection  
area: \_\_\_\_\_
- ☐ Discogram  
area: \_\_\_\_\_
- ☐ Spinal Cord Stimulator
- ☐ Evaluation for Intrathecal Drug Delivery
- ☐ Other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_

### DIAGNOSIS

- ☐ Chronic back and leg pain
- ☐ Failed back surgery syndrome
- ☐ Complex regional pain syndrome
- ☐ Regional sympathetic dystrophy
- ☐ Radiculopathy
- ☐ Malignant pain
- ☐ Arachnoiditis
- ☐ Neuralgia
- ☐ other \_\_\_\_\_

### FOLLOW UP CARE

- ☐ I would like to see this patient for a follow-up appointment after the procedure.
- ☐ I am referring this patient to you for long-term care.

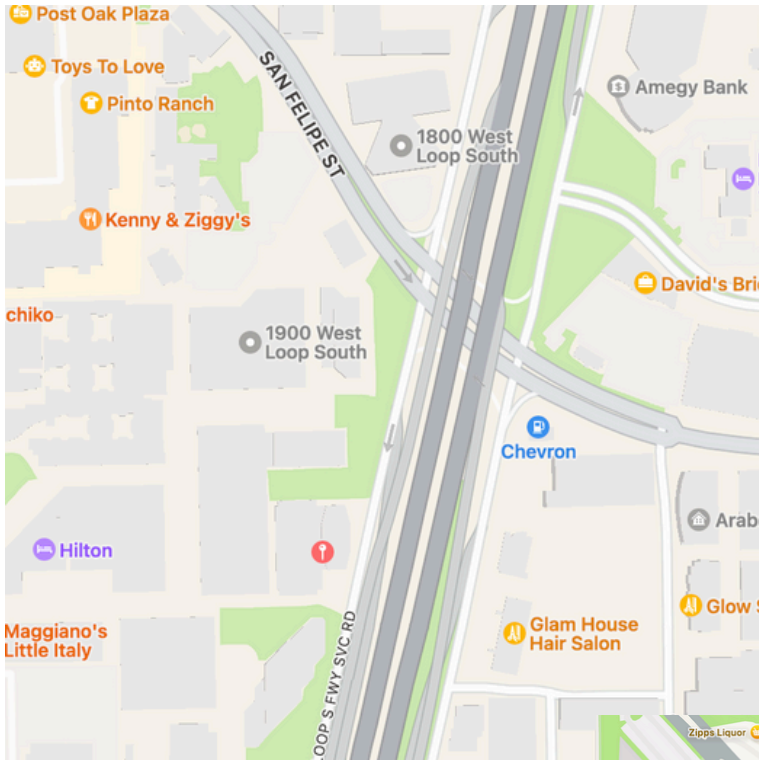
### OFFICE NOTES

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# LOCATIONS

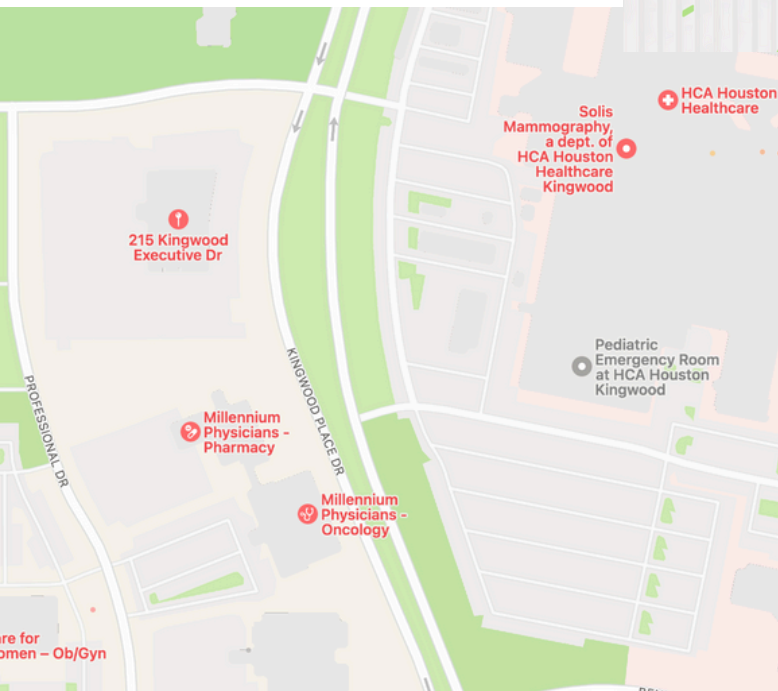


## HOUSTON OFFICE

2100 WEST LOOP SOUTH SUITE 400  
HOUSTON, TX 77027  
Parking Validated in the garage

## WOODLANDS OFFICE

25227 GROGANS MILL DRIVE  
SUITE 150  
THE WOODLANDS, TX 77380  
FREE PARKING IS AVAILABLE  
ON THE SURFACE LOT



## KINGWOOD OFFICE

215 KINGWOOD EXECUTIVE DRIVE SUITE 100  
KINGWOOD, TX 77384  
FREE PARKING IS AVAILABLE ON THE SURFACE  
LOT