

**Johnston Pain Management  
Referral Form**

250 Huff Drive Jacksonville, NC 28546  
Phone (910)353-4414 Fax (910)353-2972

or

1072 NC Hwy 210 Ste C Sneads Ferry, NC 28460  
Phone (910)741-0801 Fax (910)741-0804

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Phone \_\_\_\_\_ Patient SS# \_\_\_\_\_

Patient Ins \_\_\_\_\_ Secondary Ins \_\_\_\_\_

Please send a copy of insurance cards, patient demographics, and medical records with this form.

Diagnosis or Chief Complaint \_\_\_\_\_

Referring Provider \_\_\_\_\_ Phone \_\_\_\_\_

- Evaluation and recommendations
- Evaluation and management
- Medication management
- Fast-track evaluation and diagnostic/therapeutic procedure (indicate procedure below)  
(Fast-track= Evaluation and procedure within 1-5 days)
- Evaluation for spinal cord stimulator
- Evaluation for intrathecal drug delivery system, chronic pain
- Evaluation for intrathecal drug delivery system, spasticity
- Psychological evaluation and recommendations
- Psychological treatment
- Behavioral pain management

**Procedure:**

- Selective local anesthetic diagnostic block
  - Nerve root block \_\_\_\_\_
  - Facet joint, medial branch \_\_\_\_\_
  - Facet joint, intraarticular \_\_\_\_\_
  - Other \_\_\_\_\_
- Epidural steroid injection
- Selective transforaminal epidural injection
- Sacroliac joint injection
- Vertebroplasty/ Kyphoplasty
- Provocative discography
- Other \_\_\_\_\_
- As indicated by clinical exam

Patient must bring MRI, CT, or available radiologic studies to his/her appointment (films and reports).

**WE DO NOT FILE OR ACCEPT MEDICAID OR HMO POLICIES**

Date/Time of appointment \_\_\_\_\_

Patient Notified on \_\_\_\_\_ By \_\_\_\_\_