UC Health Pain Mangement Center
7700 University Court Suite 3200
West Chester, OH 45069

PLEASE COMPLETE AND FAX TO (513) 475-8283 ALONG WITH ALL CONSULTS, TEST RESULTS, OP REPORTS AND INSURANCE INFORMATION.

INTAKE DATE:		**IDX#**	
NAME:		Primary Insurance	
ADDRESS:		Secondary Insurance	
CITY/ST/ZIP:		DOB:	
PHONE#:		SS#	

PCP &/OR REF DR.			
ADDRESS:			
CITY/ST/ZIP:			
PHONE #		FAX#	

DIAGNOSIS: **(PLEASE BE SPECIFIC)**

WHAT TREATMENT ARE YOU REQUESTING?

CONSULT ONLY NERVE BLOCKS

EVALUATION & TREATMENT (GOAL ORIENTED)

HAS THE PATIENT CONSULTED ORTHO, NEURO, P.T. OR OTHER SPECIALIST ?

IF YES, PLEASE PROVIDE CONSULT LETTERS.

WHAT DIAGNOSTIC TESTS HAVE BEEN ORDERED?

X-RAY, CT, MRI, BONE SCAN, DEXA SCAN, MYLEOGRAM, EMG, OTHER?

IF YES,PLEASE PROVIDE RESULTS.

HAS THIS PATIENT BEEN TO PREVIOUS PAIN PROGRAMS?

IF YES, WHEN AND WHERE?

DATE:

PLEASE PROVIDE CONSULT.

HAS THIS PATIENT HAD ANY SURGERIES?

IF YES, WHEN AND WHERE?

PLEASE PROVIDE OP REPORT

Charlene Glover
Patient Intake Coordinator

Phone (513) 475-8282 **Fax (513) 475-8283**