THE PAIN INSTITUTE®

Dedicated Exclusively to the Management of Acute and Chronic Pain

NEW PATIENT REFERRAL FORM

Patient Name: _____ Phone No: (____)_____

Has the patient had prior pain management? No_____ Yes_____

Name of prior Pain Management: _____

Requested Physician:

_____ Michael C. Cronen, D.O._____ Konrad Kijewski, M.D._____ Brian Derhake, M.D._____ First Available

Requested Location:

____ The Pain Institute 252 Whittington Pkwy, Louisville, KY 40222

____ Physician Medical Center 825 University Woods Dr. Suite 3, New Albany, IN 47150

____ King's Daughters' Hospital 1373 East State Rd 62, Madison, IN 47250

____ Baptist Health Floyd 1850 State St. New Albany, IN 47150

____ Jewish Hospital Shelbyville 727 Hospital Dr. Shelbyville, KY 40065

Referring Physician

Name: _____ Office Contact: _____

Phone #: _____ Fax #: _____

Please fax this form along with face sheet, last office note, all diagnostic reports and insurance information to (502)429-5913. If you prefer to call to schedule please call (502)292-5566.

Medicaid and Cigna Insurances have certain requirements that need to be done before they will pay for patients to see a Pain Management specialist, such as PCP referral, six weeks of Physical Therapy within the last 6 months and an MRI performed within the last 6 months. Please verify with the patient's insurance that these items have been met before scheduling with us. Thank you!

____ **Workers' Compensation** (Needs to be approved thru a letter from the adjuster before we will schedule an appointment)

____ **Motor Vehicle Accident** (Auto insurance and medical insurance in order to schedule) No Third Party Carriers

All physicians are board certified in Anesthesiology and Pain Management.
Nerve Blocks/ Injections/ Spinal Cord Stimulators/ Radio Frequency