

BLUE RIDGE PAIN MANAGEMENT & PALLIATIVE CARE, P.A.
172 Asheland Avenue, Suite C
Asheville, NC 28801
Phone (828) 350-9310 Fax (828) 350-9311
NPI#: 1841364551

REFERRAL FORM

Patient Name: _____ Date: _____
Date of Birth: _____ Social Security #: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Alt. Phone #: _____

Reason for Referral: _____ Urgent? ☆ Yes ☆ No

- Consult only _____
- Consult and TX _____
- Other: _____

Diagnosis: _____

INSURANCE INFORMATION:

Primary: _____ Secondary: _____

We do not accept Blue Cross and Blue Shield

Workman's Compensation Injury? ☆ YES ☆ NO

***If YES:**

Carrier Information: _____

Adjuster/Case Manager: _____

Phone #: _____ Fax #: _____

Referring Physician: _____ UPIN #: _____ NPI #: _____

Office Address: _____

Phone #: _____ Fax #: _____

Contact Person/Extension: _____

Please note: We are a procedure-oriented clinic. We do not take patients that are medication management only. We can, however, do a one-time consultation for these type patients and make recommendations for their care if needed.

*******PLEASE SEND DOCTOR'S NOTES PERTAINING TO THE REASON FOR REFERRAL ALONG WITH THIS FORM (if more than 15 pages, please mail)*******