



New Patient Referral Form

Thank you for your referral to Bluegrass Pain Consultants. Please complete this form and fax back to (502) 915-8580 or (502) 384-8065. We will return the referral to you in a timely manner with the appointment listed on this form. Our office will mail a new patient packet on the day the appointment is scheduled. Please include the following medical records (include any imaging reports and office notes), along with your referral form. Please contact us with any questions at (502) 423-1021 and press Option 2. Thank you!

Today's Date: _____ Reason For Referral: _____

Referring Doctor: _____ Referring Doctor Zip Code: _____

Phone #: _____ Fax #: _____

Patients Insurance: _____

Policy #: _____ Group #: _____

Referral Required _____ Passport ID: #50019324

Does this pertain to open MVA or Workers Comp. Claim? Yes No

Claim #: _____ Phone #: _____

Claim Adjustor: _____

Does this patient currently have a pain pump or spinal cord stimulator installed? Yes No

Has patient seen a pain physician before? Yes No

Previous Pain Management: _____

Patient Name: _____

DOB: _____ SSN: _____

Phone #: _____ 2nd Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Bluegrass Pain Consultants Office Use Only

Appointment Date: _____ Time: _____

Notes: _____

Scheduled by: _____ Date: _____

Champion Farms
10241 Champion Farms
Louisville, KY 40241

Springs Medical Plaza
6400 Dutchmans Pkwy, Suite 60
Louisville, KY 40205

LaGrange
1009 Moody Lane
LaGrange, KY 40031