

# Referral Form

Revised 11/09/21



### LOCATIONS:

Imperial County    San Diego County    Riverside County    Biometric Telehealth

### DOCTORS:

Dr. Clark Smith | Dr. Marcia Elfenbaum | Dr. Tomer Anbar  
Dr. Kimberely Tilley | Dr. Tina Wolfe | Dr. Megan Johnson  
Dr. Sandra Martinez | Dr. Vianney Luis-Quero | Dr. Robert Obrecht  
Dr. Karthikeyan Bhuvaneshwaran

### OTHER PROVIDERS:

Dr. Shelby Moriera | Dr. Lisandra Herrera | Dr. Alan Acre  
Dr. Katherine Turner

Evaluation    Treatment    Evaluation / Treatment

Bilingual Services Available

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> CBT for Pain             | <input type="checkbox"/> Chronic Pain Multidisciplinary Evaluation | <input type="checkbox"/> Pain Management     |
| <input type="checkbox"/> PTSD/EMDR                | <input type="checkbox"/> Functional Restoration Program            | <input type="checkbox"/> PM&R                |
| <input type="checkbox"/> Neuropsych               | <input type="checkbox"/> Post Traumatic Stress Disorder Program    | <input type="checkbox"/> Detox Rehab         |
| <input type="checkbox"/> AOE/COE                  | <input type="checkbox"/> Brain Injury Program                      | <input type="checkbox"/> PTP or STP Role     |
| <input type="checkbox"/> Psych Surgical Clearance | <input type="checkbox"/> COVID-19                                  | <input type="checkbox"/> Hybrid Telemedicine |
|   | <input type="checkbox"/> Psychiatry                                |  |

Patient Referred By: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Patient Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Claim #: \_\_\_\_\_ DOI: \_\_\_\_\_ Ins. Carrier: \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY

- Pain which persists 6 months or more after injury or onset of symptoms**, or any pain that persists beyond the anticipated time of healing is an indication of chronic pain per ODG, ACOEM and the Medical Treatment Utilization Schedule (MTUS) and should be referred for biopsychosocial evaluation and treatment. Additional symptoms and areas of intervention inherent in chronic pain may include:
- |   |  |
|---|--|
| <input type="checkbox"/> Sadness/depression                               | <input type="checkbox"/> Anxiety/panic/PTSD                        |
| <input type="checkbox"/> Sleep complaints                                 | <input type="checkbox"/> Somatic complaints (e.g. abdominal/bowel) |
| <input type="checkbox"/> Increased pain behaviors                         | <input type="checkbox"/> Frustration with medical care             |
| <input type="checkbox"/> Feelings of helplessness/hopelessness            | <input type="checkbox"/> Elevated stress levels                    |
| <input type="checkbox"/> Cognitive complaints                             | <input type="checkbox"/> Frustration/anger                         |
| <input type="checkbox"/> Failure to respond to treatment/delayed recovery | <input type="checkbox"/> Functional complaints/disability          |
| <input type="checkbox"/> Excessive medication usage/requests              | <input type="checkbox"/> Weight gain/loss                          |
| <input type="checkbox"/> Need for medication tapering/detox               | <input type="checkbox"/> Job dissatisfaction/lack of support       |
| <input type="checkbox"/> Verbal/physical/mental abuse                     |  |

Fax or email with face sheet/PR-2/Reports/Approval letter to (800) 680-3626  
Email [lindav@institutesofhealth.org](mailto:lindav@institutesofhealth.org) Phone (800) 270-5016