

Referral Form

Revised 5/19/22



LOCATIONS:

Imperial County San Diego County Riverside County Biometric Telehealth

DOCTORS:

Dr. Clark Smith | Dr. Marsha Guisard | 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

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"/> Psychiatry | <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Hybrid Telemedicine |
| <input type="checkbox"/> CRPS | <input type="checkbox"/> Psych Surgical Clearance | <input type="checkbox"/> EMG/NCS |

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 Phone (800) 270-5016