

PAIN PROCEDURES REQUEST FORM

Date of Request: _____

Please complete all areas of the form.

<p>Patient Information</p> <p>Patient Name: _____</p> <p>Patient Address: _____ _____</p> <p>City/State/Zip: _____</p> <p>UW MR Number (if available): _____</p> <p>Date of Birth: _____</p> <p>Phone - Home _____ Other _____</p> <p>Medical Insurer: _____</p>	<p>Referring Provider Information</p> <p>Provider Name: _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <p>Primary Medical Provider (if different from above):</p> <p>Name: _____ Phone: _____</p> <p>Person completing form: _____</p>
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1. Diagnosis: _____

Patient Weight: _____ **Height:** _____

Drug Allergies: _____

2. What procedure are you requesting? _____

Is the patient allergic to:

- Contrast Dye
- Iodine
- Betadine
- Latex
- Tape
- Steroids
- Local Anesthetics
- Seafood
- Other (specify) _____

3. Is this an urgent request? Yes No
If yes, why? _____

Is your patient taking:

- ASA
- NSAIDS
- Anticoagulants / Plavix (clopidogrel)
- Vitamin E
- Herbal Supplements
- Fish Oil

Average pain rating (0-10): ____

Does your patient have a recent MRI of the area to be injected? Yes If so, location: _____

- Does patient have history of:**
- Diabetes
 - Seizures
 - Kidney/Liver Disease
 - Immunosuppression
 - Artificial Heart Valve
 - Prosthetic Joints
 - Cardiac/Respiratory Disease
 - HIV
 - Hepatitis C
 - Glaucoma
 - Current or possible pregnancy
 - Previous spinal surgery
 - Requires peri-operative antibiotics (if so, why?) _____

Please fax this form to 608-265-0931. If referring from outside UW Health, please also include **pertinent/recent medical records:** clinic notes, test results, consultations.

For inquiries about a procedure call 608-265-1770, or page 608-265-7000 #5016.

For urgent requests call Nel Lemmenes at 608-265-3606, or page 608-265-7000 #4641.