



PAIN & WELLNESS CLINIC

Zhengyu (Zane) Hu, M.D.
Diplomat American Board of PM&R
Board Certification in Pain Medicine

REFERRAL FORM

Patient Name: _____ Cell or Home Phone Number: _____

Insurance: _____ Subscriber#: _____ D.O.B: _____

Diagnosis: LBP/Sciatica Neck Pain/ Radiculopathy Myofascial Pain Entrapment Neuropathies Fibromyalgia Other

DESCRIPTION OF SERVICES:

- New Patient Pain Consultation & Treatment**
- New Patient Physiatry Consultation & Treatment**
- Narcotic Medication Optimizing**
- Electromyography**
 - Upper Extremity R L B/L
 - Lower Extremity R L B/L
- Fibromyalgia Evaluation**
- SI Joint Injection**
- Acupuncture** (patient verify insurance coverage)
- Motor Vehicle Injury**
- Worker's Compensation** (Referral Needed)

DESCRIPTION OF SERVICES:

- | DESCRIPTION OF SERVICES: | Level: | Side: |
|--|--------|---------|
| <input type="checkbox"/> Epidural/ Interlaminar Steroid Injection (ESI) | | |
| Cervical / Thoracic ESI | _____ | |
| Lumbar ESI | _____ | |
| <input type="checkbox"/> Facet Joint Injection/ Median Branch Block | | |
| Cervical / Thoracic | _____ | R L B/L |
| Lumbar | _____ | R L B/L |
| <input type="checkbox"/> Intercostals Nerve Block / Phenol Block/ RFA | _____ | R L B/L |
| <input type="checkbox"/> Rhizotomy / Radiofrequency Neurotomy | | |
| Cervical / Thoracic | _____ | R L B/L |
| Lumbar | _____ | R L B/L |
| <input type="checkbox"/> Selective / Transforminal Nerve Root Block | | |
| Cervical / Thoracic | _____ | R L B/L |
| Lumbar | _____ | R L B/L |

Referring Physician: _____ Office Phone:() _____ Fax:() _____