



Seton Brain & Spine Institute
PHYSICAL MEDICINE & REHABILITATION

Srinivason Roger Parthasarathy, MD

For patient referrals, please call 512-324-7131

Seton Williamson Medical Plaza 1
 301 Seton Parkway, Suite 402
 Round Rock, Texas 78665
 Fax: 512-324-6390

Spinal Cord Injury Clinic
 Health South Rehabilitation Hospital
 1215 Red River, 1st Floor
 (Inside Seton Brain & Spine Recovery Center)
 Austin, Texas 78701
 Fax: 512-324-6390

University Medical Center Brackenridge
 601 East 15th Street, 4th Floor West
 Austin, Texas 78701
 Fax: 512-324-7193

REFERRAL FORM

This form is intended to assure prompt communication with requesting providers. For appointment scheduling, please call 512-324-7131.

IMPORTANT: Fax patient information, clinical notes and insurance authorization to the appropriate office.

Patient Name: _____

Patient Telephone: _____ Date of Birth: _____

Referring Provider: _____ Telephone: _____

Referring Provider Signature: _____ Date: _____

Diagnosis/Reason for Referral:

Spine

- Cervical Pain (Neck)
 - Cervical Disc Herniation
 - Cervical Stenosis
 - Cervical Radiculopathy
- Thoracic Pain (Upper Back)
 - Thoracic Disc Herniation
 - Thoracic Compression Fracture
- Lumbar/Sacral Pain (Lower Back)
 - Lumbar Disc Herniation
 - Lumbar Stenosis
 - Lumbar Radiculopathy
 - Lumbar Compression Fracture
 - Lumbar Spondylolysis
 - Lumbar Spondylolisthesis

Extremity/Joint

- Shoulder Pain
- Elbow Pain
- Wrist Pain
- Hand/Digital Pain
- Hip Pain
- Knee Pain
- Myofascial Pain
- Fibromyalgia
- Neuropathic**
 - Carpal Tunnel Syndrome
 - Ulnar Neuropathy
 - Peroneal Neuropathy
 - RSD / CRPS
 - Thoracic Outlet Syndrome
 - Peripheral Neuropathy

Other Neuropathy _____

General

- UE weakness
- LE weakness
- Amputation
- CVA/Stroke
- Traumatic Brain Injury
- Post- Concussion
- Fracture _____
- s/p Poly-Trauma
- h/o Spinal Cord Injury

Treatment Requested:

- Consultation only
- Evaluation and Treatment
- EMG/NCS

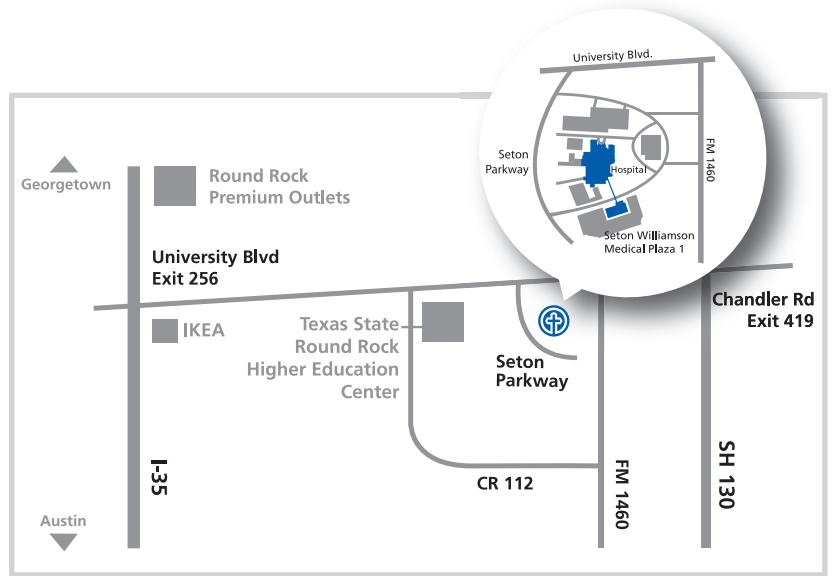
Injections Diagnostic OR Therapeutic (Please circle one.)

- Lumbar/Sacral Spine Injection
 - Injection Requested _____
 - L/S Level(s) _____
 - Differential Lumbar Spine
 - Differential Hip/Spine
 - Differential Articular _____
- Piriformis Injection
- Extremity Injections
 - Intra-articular _____
 - Peri-articular _____
- Trigger Point Injection

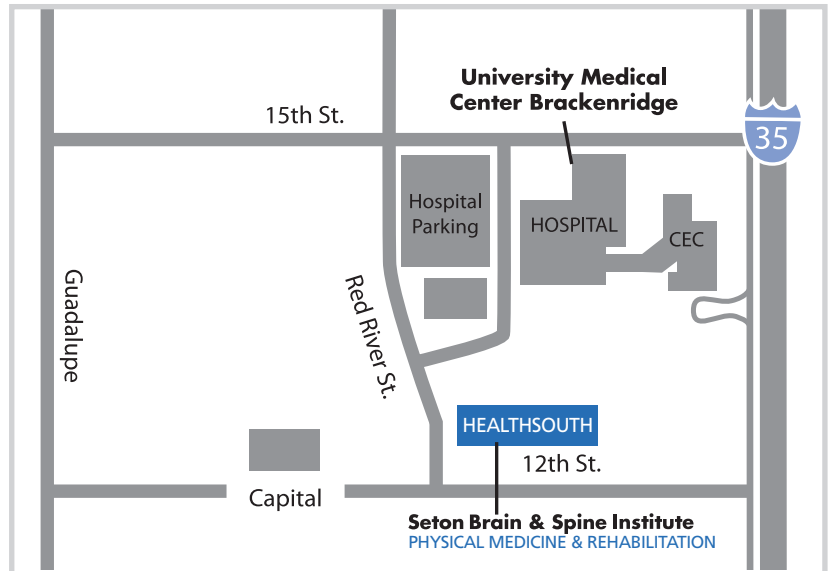
Appointment Priority:

- Immediately (please call office)
- 2-4 days
- Within 1 week
- Schedule next available appointment

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