



Seton Brain & Spine Institute
PHYSICAL MEDICINE & REHABILITATION

Resident Clinic
 Far West Medical Tower
 6811 Austin Center Boulevard, Suite 420
 Austin, Texas 78731
 Phone: 512-324-7131 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: Please fax patient information, clinical notes and insurance authorization.

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
 - Cervical Myelopathy
- Thoracic Pain (Upper Back)
 - Thoracic Disc Herniation
 - Thoracic Compression Fracture
 - Thoracic Myelopathy
- 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 or Post-amputation Pain
- CVA/Stroke
- Traumatic Brain Injury
- Post- Concussion
- Fracture _____
- s/p Poly-Trauma
- h/o Spinal Cord Injury and Cauda Equina Syndrome

Procedures

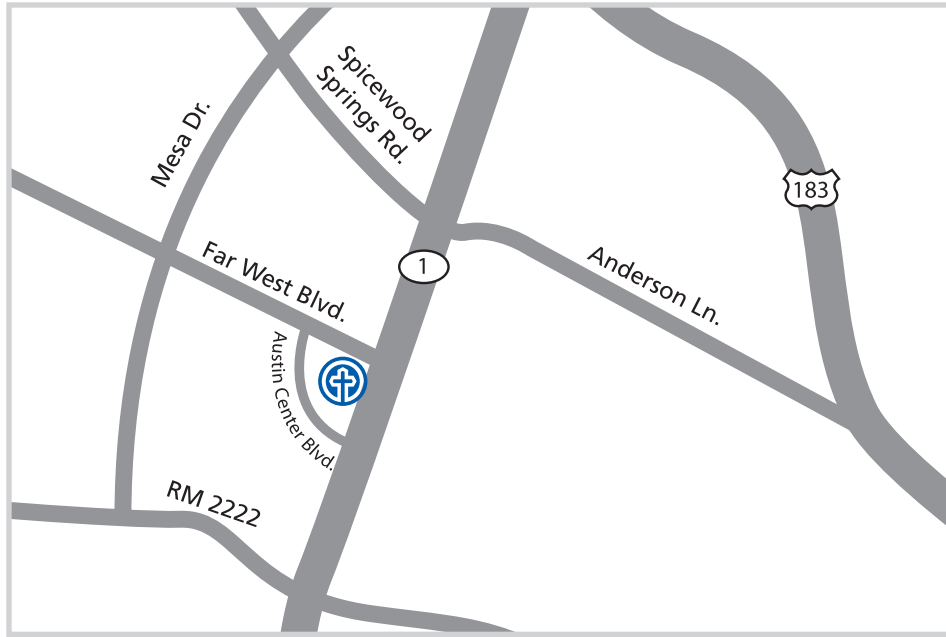
- Extremity Injections
 - Intra-articular _____
 - Peri-articular _____
- Trigger Point Injection
- Electrodiagnostic Testing (EMG/NCS)

Treatment Requested:

- Consultation only
- Evaluation and Treatment

Appointment Priority:

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



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