



CAPITOL PAIN INSTITUTE

www.capitolpain.com
502-791-8700 | Fax 502-742-8523

PREFERRED PHYSICIAN:

- Timothy Beacham M.D., FASA James M. Brent M.D.

PATIENT INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Alternate Phone _____

DOB _____ Sex: Male Female

Insurance _____ Member ID # _____ Group # _____

Referring Physician's Name _____

Clinic Name _____ Phone Number _____

MRI CAT X-RAY Film Location(s) _____

*Procedure Precautions: Anticoagulant Diabetic Contradictions Implantable Device

EVALUATE AND TREAT:

- | | | |
|---|---------------------------------------|--|
| <input type="radio"/> Neck Pain | <input type="radio"/> Lower Back Pain | <input type="radio"/> Headaches |
| <input type="radio"/> Face Pain | <input type="radio"/> Fibromyalgia | <input type="radio"/> Failed Back Surgery Syndrome |
| <input type="radio"/> Manage Chronic Pain Medicines | <input type="radio"/> Mid Back Pain | |
| <input type="radio"/> Other: _____ | | |

EVALUATE AND CONSIDER:

- | | | |
|---|--|---|
| <input type="radio"/> Epidural Steroid Injections | <input type="radio"/> Radiofrequency Ablation | <input type="radio"/> GT Bursa Injections |
| <input type="radio"/> Spinal Cord Stimulation | <input type="radio"/> Trigger Point Injections | <input type="radio"/> Kyphoplasty |
| <input type="radio"/> Facet Joint Injections | <input type="radio"/> Peripheral Nerve Blocks | <input type="radio"/> Peripheral Nerve Stimulator |
| <input type="radio"/> Sympathetic Nerve Blocks | <input type="radio"/> Joint Injections | <input type="radio"/> Occipital Nerve Blocks |
| <input type="radio"/> Sacroiliac Joint Injections | <input type="radio"/> Genicular Nerve Blocks | <input type="radio"/> Injection Therapy Only |
| <i>*Please Send Chart Documents / Imaging</i> | | |
| <input type="radio"/> Other: _____ | | |

Physician Signature _____ Date _____

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