



# CAPITOL PAIN INSTITUTE

## PATIENT REFERRAL FORM

phone/text: 740-653-2500

fax: 888-258-2101

email: REFERRALS@CAPITOLPAIN.COM

### PREFERRED PROVIDER

☐ Jenny J. Kim, MD

☐ Dwight E. Mosley, MD

☐ No Preference / First Available

### PATIENT INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
PATIENT FIRST PATIENT LAST MM/DD/YYYY

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

#### PLEASE SUBMIT THE FOLLOWING WITH REFERRAL

- ☐ Patient Demographics
- ☐ Last 3 Office Notes
- ☐ Imaging (if available)
- ☐ Copy of Insurance Card, Workman's Comp Information, or Attorney Information

### REFERRING PROVIDER INFORMATION

Name \_\_\_\_\_ Cell phone \_\_\_\_\_  
PROVIDER FIRST PROVIDER LAST

Clinic/Hospital \_\_\_\_\_ Contact person \_\_\_\_\_

Clinic phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

### PLAN OF CARE

#### Condition Evaluation

- ☐ Back Pain
- ☐ Neck Pain
- ☐ Arm or Leg Pain
- ☐ Head or Face Pain
- ☐ Joint Pain
- ☐ Nerve Pain
- ☐ Pelvic Pain
- ☐ Gluteal Pain
- ☐ Sacral Pain
- ☐ Abdominal Pain
- ☐ General Body Pain
- ☐ Thoracic Pain Syndrome
- ☐ CPRS
- ☐ Other \_\_\_\_\_

#### Treatment Consideration

- ☐ Epidural Steroid Injection
- ☐ Transforaminal ESI
- ☐ Medial Branch Block
- ☐ Occipital Nerve Block
- ☐ Peripheral Nerve Block
- ☐ Sympathetic Nerve Block
- ☐ Trigeminal Nerve Block
- ☐ Joint Injection
- ☐ Sacroiliac Joint Injection
- ☐ BVNA
- ☐ Kyphoplasty
- ☐ MILD Procedure
- ☐ Radiofrequency Ablation
- ☐ Sacroiliac Joint Fusion
- ☐ Spinal Cord Stimulation
- ☐ DRG Stimulation
- ☐ PNS
- ☐ Reactivate
- ☐ Botox
- ☐ Other \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

## CLINIC LOCATIONS

With clinics in north and east Columbus, plus an accredited, onsite surgery center in New Albany, your patients have convenient access to expert pain care and a full range of treatment options.



### NEW ALBANY CLINIC & SURGERY CENTER

5040 Forest Drive, Suite 240  
New Albany, OH 43054



### PICKERINGTON CLINIC

1509 Stonecreek Drive South  
Pickerington, OH 43147

## THANK YOU FOR REFERRING YOUR PATIENTS TO CAPITOL PAIN!

If you have any questions, please call our Provider Hotline at 740-653-2500 (Monday - Friday, 8am - 5pm).

