WINCHESTER HOSPITAL Winchester, Massachusetts PAIN MANAGEMENT CENTER

444 Washington Street, Woburn, MA 01801 (781) 756-7246, www.winchesterhospital.org Please mail or fax to: (781) . 935-1391

REFERRAL SHEET

Date:	
Referring Physician:	
Referring Physician's Telephone Number:	
Patient Name:	
Date of Birth:	
Diagnosis: Acute neck pain Acute low back pain Radiculopathy Chronic neck pain Chronic low back pain Chronic radiculopathy Post-laminectomy pain	Shingles / Postherpectic Neuralgia Peripheral neuropathy Trigeminal neuralgia Phantom limb pain Myofascial pain Post surgical pain Post Mastectomy pain
☐ Compression fracture ☐ Other: Urgency: ☐ ASAP (within a week)	☐ Cancer related pain ☐ Routine (within 1 - 3 weeks)
Referral to:	□ Dr Oh, MD□ Dr. Gill, MD□ Dr. Kulich, PhD (pain psychologist)
Service Requested: Consult only Consult and treat Specific procedure:	

Thank you for your kind referral, a representative from our office will contact your staff for additional information by the next business day. Your patient's consultation will be dictated on the day of the patient's visit by one of our physicians.

WH1109 (5/05)

PAIN MANAGEMENT CENTER REFERRAL SHEET PAIN MANAGEMENT CENTER REFERRAL SHEET

