



Please Fax Completed Form To: (406) 329-5697

**Patient & Provider Information**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
\_\_\_\_\_  
Patient Phone: \_\_\_\_\_ Provider Name: \_\_\_\_\_  
Patient DOB: \_\_\_\_\_ Provider Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Provider Fax: \_\_\_\_\_  
Insurance Policy Number: \_\_\_\_\_

**What type of pain does this patient have:**

- Acute Pain (i.e. < 1 month)
- Subacute Pain
- Chronic Pain (i.e. Persisting beyond time of expected resolution)

**For which service(s) are you referring this patient:**

- Spine and/or Neuropathic Pain Evaluation (Acute/Subacute Pain)
- Spine Injection only *Please describe:* \_\_\_\_\_
- EMG/NCV of extremity (*circle*): Right / Left    Upper / Lower
- Medication Consultation
- Multidisciplinary Chronic Pain Screening Evaluation
- Behavioral Medicine Evaluation
- Pain School Program
- Pain Management Focused Psychotherapy
- Pre-Surgical Risk Assessment

**What outcome do you anticipate/desire from this referral?**

\_\_\_\_\_  
\_\_\_\_\_

**Referral Checklist:**

- Relevant medical records including imaging studies pertaining to the reason for the referral are attached
- Pertinent lab work from the previous year is attached
- Required worker's compensation insurer authorization has been obtained

Note that we can not schedule the patient at our center until relevant records, imaging studies, and lab work have been received

Note that we can not schedule the patient at our center until written authorization for services has been received

By accepting this referral, the Montana Spine and Pain Center is agreeing to evaluate your patient only. We are not agreeing to accept responsibility for the ongoing care of this patient. We will not accept responsibility for prescribing medications or providing any care for this patient until you receive notification in writing that our evaluation is complete and that we are accepting responsibility for the care of the patient.

For more information call 406-327-1670 or 1-877-867-2443

## How to Make a Referral to the MSPC

**Step 1:** Complete the Patient Referral Form, including patient contact information and indicating which services you would like for your patient. Please review the information below for a brief description of each of the services that we currently provide.

**Step 2:** Please check all services that apply to your patient. If you are in doubt about what you need, feel free to indicate services that you think may apply. Or, feel free to call us with any questions or for further clarification: (406) 327-1670 or 1-877-867-2443

**Step 3:** FAX the referral form to us along with sufficient clinical records to enable us to provide the services you are requesting. **We cannot see your patient without appropriate clinical records.** The FAX number is: (406) 329-5697

**Note:** At this time we are not staffed appropriately to provide pain management evaluation or treatment for patients with headache, abdominal pain, or pelvic pain as the primary pain problem. Our practice is limited to musculoskeletal pain conditions.

### Services Currently Provided by the Montana Spine and Pain Center

#### Spine and/or Neuropathic Pain Evaluation

Evaluation and treatment or referral, if indicated, of patients with an acute or subacute spine or musculoskeletal condition which is not thought to be complicated by cognitive, emotional, behavioral, or contextual factors.

#### Spine Injection

Evaluation and, if indicated, injection-based treatment of patients whom the referring professional suspects may benefit from injections or other interventions. A consult is required before scheduling most pain interventions.

#### EMG/NCV Evaluation and/or Procedure

Evaluation of need for diagnostic electromyography or nerve conduction velocity and provision of the relevant procedure if indicated.

#### Medication Consultation

Evaluation of, and recommendations regarding, the pharmacologic management of the patient's pain complaints. The referring provider will receive a detailed consultation report. No medication changes will be made.

#### Multidisciplinary Chronic Pain Screening Evaluation

This evaluation is a two-step process. The first appointment will include an initial triage appointment with a clinical staff member who will obtain a history, review the records provided, review the data and findings obtained through the administration of an extensive intake questionnaire and schedule screening examinations with any members of the team whose participation in the evaluation process appears to be indicated. The patient will be scheduled to return at a later date for the scheduled screening consultations. At a minimum, the scheduled consults will include an assessment of both the medical and the cognitive/emotional/behavioral/contextual aspects of the pain problem. At the end of the evaluation, a summary meeting will be held with the patient to discuss the clinical impressions, further diagnostic recommendations, and specific treatment recommendations. The referring provider will receive a comprehensive report of the findings and recommendations.

#### Behavioral Medicine Evaluation

Evaluation limited to the cognitive, emotional, behavioral, and contextual factors aspects of the pain problem.

#### Pain School Program

The Pain School program is designed to assist patients with chronic pain to learn information and skills for effective chronic pain self-management. The Pain School meets for nine to twelve consecutive weeks with a new program starting approximately every month and is facilitated by a psychologist and a nurse practitioner with guest appearances by other types of healthcare professionals. A sampling of topics covered in the Pain School program includes: Goal Setting, the Relaxation Response, Activity Pacing, Fear/Avoidance, and Affective and Cognitive aspects of pain.

#### Pain Management Focused Psychotherapy

Pain management focused psychotherapy is outpatient individual psychotherapy with a primary focus on assisting the patient to address issues related to pain self-management in a manner which provides for a highly individualized approach. Patients referred for pain management focused psychotherapy will be scheduled to complete a Behavioral Medicine Evaluation prior to beginning therapy. The purpose of the Behavioral Medicine Evaluation is to identify relevant clinical characteristics and treatment objectives which will help to structure the therapy process.

#### Pre-Surgical Risk Assessment

Evaluation of patients for whom surgical indications exist, but a question exists regarding the likelihood of a positive outcome following surgical intervention. This evaluation includes a behavioral medicine interview, psychometric testing, and recommendations (when indicated) for pharmacological and behavioral medicine interventions pre-and post-operatively.