



www.wkspineandpain.com

Dr. John Noles

Dr. David Hirsch

Dr. Russell Stuermann

Shreveport Location

First Available

Bossier City Location

1811 E. Bert Kouns Ind. Loop, Suite 300
Shreveport, LA 71115
(318)212-3636
Fax (318) 212-7333

2449 Hospital Drive, Suite 300
Bossier City, LA 71111
(318)212-7960
Fax (318) 212-7333

PLEASE INCLUDE IMAGING

LAST 3 OFFICE NOTES

DEMOGRAPHICS

Today's Date and Time Fax Completed: _____

Patient's Name: _____ DOB: _____

Referring Physician: _____ Office Telephone Number: (____) _____

Contact Person in your office for questions regarding this referral: _____

Chief Complaint: _____

How long has the patient had the pain? _____

Does the patient have a recent pain management physician? Yes No

If Yes, previous Pain Physician: _____ Reason for Change: _____

Is condition accident related? Yes No If yes, is there a liability claim? Yes No

Workers Compensation related? Yes No Does patient have an attorney? Yes No

Does patient have an implanted pain pump or spinal cord stimulator? Yes No

INJECTION REFERRALS

Patient on Anticoagulation? Yes No (if yes, Plavix Coumadin Other: _____

Anticoagulation Prescribing MD Name/Number: _____

Series? Yes No (if yes, # of injections) _____ With or Without Consult

Disorders of the Spine (indicate Right/Left/Bilateral if appropriate)

Transforaminal/Selective Nerve Root Block: Lumbar Sacral Thoracic Level(s): _____

Intermaninar Epidural Steroid Injection: Cervical Lumbar Caudal Thoracic Level(s) _____

Facet Joint Injection /MBB/RF Cervical Lumbosacral Thoracic Level(s) _____

(PATIENT WILL BE FOLLOWED AND PROCEED TO RF AFTER FACET, IF CLINICALLY APPROPRIATE)

<input type="checkbox"/> Bilateral
<input type="checkbox"/> Right
<input type="checkbox"/> Left

Musculoskeletal Ultrasound (indicate Right/Left/Bilateral if appropriate)

Greater Trochanter Knee Subdeltoid Bursa Glenohumeral Joint Elbow(Lateral Epicondyle) Carpal Tunnel

Other _____

Sympathetic Blocks (indicate Right/Left/Bilateral if appropriate)

Lumbar Sympathetic Block Stellate Ganglion Block

Cancer Pain and Spasticity Management

Celiac Plexus Block Neurolytic Diagnostic

Intrathecal Drug Trial: Morphine Baclofen

Fluoroscopically-Guided Large Joint Injections (indicate Right/Left/Bilateral if appropriate)

Intra-articular Hip Sacroiliac Joint Injection Other: _____

We will call your patient within 48 hours of receiving your referral and the supporting documents. We will make every effort to see your patient within 1 week.