

## New Patient Self-Referral Form

**Appointment Scheduling:** Our New Patient Coordinator will contact you within 24 hours  
Patients may also call us at 503-885-9391

### Patient Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cellular: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

### Symptoms:

Neck Pain     Arm symptoms:  none     pain     weakness     numbness

Back Pain     Leg symptoms:  none     pain     weakness     numbness

How long have symptoms been present? \_\_\_\_\_  days     weeks     months     year

### Spine Studies and Injections:    We will arrange to have your studies transferred to our office.

Please fax any copies of imaging reports you may have to our office.

MRI    Where: \_\_\_\_\_     XRay    Where: \_\_\_\_\_

CT    Where: \_\_\_\_\_     EMG    Where: \_\_\_\_\_

Injections    Where: \_\_\_\_\_     PT    Where: \_\_\_\_\_

### Medical Insurance / Workers Compensation (WC) / Motor Vehicle Accidents (MVA)

We are experienced at evaluating and treating work and motor vehicle injuries.

Insurance: \_\_\_\_\_ Insurance ID # \_\_\_\_\_

Work Related Injury     Yes     No    Claim # \_\_\_\_\_

Motor Vehicle Accident     Yes     No    Adjuster Name \_\_\_\_\_

Adjuster Phone # \_\_\_\_\_



(Referral Form may also be downloaded on line at [www.orspine.com](http://www.orspine.com))

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