

Specialty Service Referral Interventional Pain

SBL Center for Interventional Pain
1000 Health Center Dr., Suite 106 • Mattoon, IL 61938
217-258-4495 • Fax 217-238-3741

SBL Interventional Pain Management
SBL Medical Park Plaza • 901 Medical Park Dr., Suite 201
Effingham, IL 62401
217-347-2332 • Fax 217-347-2313

SBL Fayette County Hospital -
Physician Specialty Clinic • 650 West Taylor St.
Vandalia, IL 62471
618-283-5531 • Fax 618-283-4933



REFERRING PROVIDER

Name _____ Phone _____ Fax _____
Reason for Referral _____ Date _____

PATIENT INFORMATION

Name _____ Date of Birth _____ Social Security Last 4# _____
Address _____ City _____ State/Zip _____
Phone _____ County _____
Insurance Carrier Primary _____ Secondary _____
If HMO/POS or United Healthcare insurance plan, referral authorization to be obtained by referring office. Authorization # _____
Work Related Yes No If yes, Employer _____ Contact _____
Work Comp Carrier _____ Contact _____

INFORMATION NEEDED

Please include all the information below.

- Provider Notes
- Procedure Reports
- Appropriate Laboratory Reports
- Appropriate Imaging Reports
- Medication and Allergy Lists

Previous Treatment

Please check the following that apply:

- Previously seen by a pain specialist
Date _____ Provider _____
- Injections/Procedures
Type _____ Date _____ Where _____
- Physical Therapy completed in the last 12 months
Date _____ Length of therapy _____ Where _____

Imaging Information

Please check the following that apply:

- EMG
Date _____ Where _____
- MRI
Date _____ Where _____
- CT Scan
Date _____ Where _____
- Xray
Date _____ Where _____

REFERRING RESPONSE

- Patient Scheduled
Provider _____ Date _____ Time _____
Comment _____
- Patient NOT Scheduled
Additional Information Required _____
Other Reason _____