

Chronic Pain Recovery Center

25134 Oakhurst Dr.
Spring, TX 77386

Phone: (936) 271-0221 Fax: (936) 271-0219

PATIENT'S NAME		PHONE
ADDRESS		REFERRAL DATE
TREATING PHYSICIAN	NPI NO.	BUSINESS PHONE
DIAGNOSIS		ICD-10 CODE(S)

REPORTS TO DOCTOR:

- Monthly Progress Weekly Progress Other: _____

FAX IN REFERRALS TO: (936) 271-0219

SERVICES REQUESTED

MEDICAL:

- Physical Medicine & Rehabilitation Consult
Samuel Alianell M.D.

VOCATIONAL:

- Career Testing
 Aptitude Testing
 Other

PSYCHOLOGICAL:

- Psychological / Health & Behavioral Assessment
 Behavioral Pain Management Treatment
 Psychological Testing
 Neuropsychological Testing

BIOFEEDBACK:

- Relaxation Training
 Stress Management
 Pain Management

CHRONIC PAIN PROGRAM:

- Chronic Pain Assessment Four/Six Week Multidisciplinary
 Behavioral Chronic Pain Management Program Chronic Pain Rehabilitation Program

OTHER SERVICES:

- R/O Narcotics Addiction / Dependence R/O Contraindications to Intrathecal Pump Trial/Install
 Pre-Surgery Evaluation R/O Contraindications to Spinal Cord Stim. Trial/Install
 Treatment with Psychotherapy / Counseling Treatment with EMG / Thermo Biofeedback

Other (Please specify below): _____

LIFTING RESTRICTIONS: _____

Referring Physicians Name (Please Print)

Phone:

Physicians Signature

License Number