



# PAIN MANAGEMENT REFERRAL ORDER

Fax this form to (317) 805-5501

## INDIANA POLYCLINIC

201 PENNSYLVANIA PARKWAY  
SUITE 200  
CARMEL, IN 46280

317.805.5500

317.805.5501

317.428.4172

### INTEGRATING THE FOLLOWING SPECIALTIES ON SITE:

INTERVENTIONAL PAIN  
MANAGEMENT

PSYCHIATRY

MEDICATION MANAGEMENT

PAIN PSYCHOLOGY

NEUROLOGY

OCCUPATIONAL THERAPY

IV INFUSION THERAPY

### PATIENT INFORMATION

**Patient Name:**

**Patient Phone Number:** ( ) -

**Patient Date of Birth** Month: Day: Year:

**Patient Insurance:**  
*(Indiana Polyclinic is out of network with Medicaid, Tricare, Healthy Indiana Plan, and Humana)*

**Reason for Referral** (Diagnosis/Chief Complaint):

### REFERRING PROVIDER

**Referring Provider Name:**  
(Please Print)

**Telephone Number:** ( ) -

**Fax Number:** ( ) -

**Primary Care Doctor** (if different than Referring):

▶ Please send **ONE YEAR'S MEDICAL RECORDS** prior to patient's initial visit with IPC ◀

Please select from the following treatment options:

### COMPREHENSIVE EVALUATION FOR A TREATMENT PROGRAM

**PAIN MANAGEMENT**

I would like IPC to evaluate and treat this patient's pain-related condition(s).



Pain Management with **MEDICATION ONLY** is **NOT** provided by Indiana Polyclinic

### SELECTED TREATMENT(S) [Please indicate below]

**MENTAL HEALTH SERVICES**

Psychiatry  Psychology →

- Pain Psychology
- Psychological Testing
- Psychotherapy

### OTHER REQUESTS/COMMENTS [Please specify]

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**Medical records must be forwarded prior to the initial office visit – please send one years' worth.**