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PATIENT PRE-REGISTRATION

(PainCare northern offices)

Fax completed form with notes and diagnostics to PainCare at (603) 692-1817

Questions? Call **823-5544** (Franconia), **448-0048** (Lebanon),
356-5335 (North Conway) **536-1552** (Plymouth), **569-0958** (Wolfeboro)

Date _____

REFERRING PHYSICIAN INFORMATION

Referring Provider _____ NPI _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Primary Care Provider _____ Phone _____ Fax _____

PATIENT INFORMATION

Patient Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Health Insurance _____ ID# _____

Workers Compensation: YES / NO Date of Injury _____ Claim # _____

Employer at time of injury _____

Workers Compensation Company _____ Body part covered _____

WC Address _____

Case Manager _____ Phone _____ Ext _____

APPOINTMENT INFORMATION

Diagnosis _____ Site of pain _____

How long has patient been in pain? _____

Has patient been treated previously for pain? YES / NO If so, where? _____

Patient's most recent x-ray _____ MRI _____ Where? _____

Download up-to-date form: <http://PainMD.com/referrals.html>