

**Referred from:** \_\_\_\_\_  
(Print Name of Referring Clinic/Facility) (Clinic/Facility Phone Number)

**Referring Provider's Name:** \_\_\_\_\_  
(Print Referring Provider's Name)

**Referred to: Kentucky Pain Associates, PLLC**

Phone: 502-855-3919 Fax: 502-561-3162 Hours: M-F, 9:00am – 1pm, 2pm – 5pm

**Appointment Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Information:** Must bring Photo ID SS#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Sex: M or F Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married

**Insurance Information:**

Ins. Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim#: \_\_\_\_\_

**Attorney Information:**

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referring Provider's Diagnosis:**

Diagnostic Studies/Results: \_\_\_\_\_

MRI Results: \_\_\_\_\_

X-ray Results: \_\_\_\_\_

DMX Analysis Results: \_\_\_\_\_

Other Studies/Results: \_\_\_\_\_

**Referring Provider's Plan of Care:** \_\_\_\_\_

**Kentucky Pain Associates is located at 222 South 1<sup>st</sup> Street, Suite 300  
On the corner of South 1<sup>st</sup> and West Jefferson – Phone: 502-855-3919  
Free Parking (w/ validation) in PARC Garage at 115 W. Jefferson Street**

