

## **General Medicine Pain Service**

When referring a patient to the GMPS, please keep the following in mind:

- Medications are not prescribed at the patient's enrollment visit. Patients generally see Dr. Ives the week after the enrollment visit. If there is not backlog of patients waiting to be enrolled, patients usually will have the enrollment visit within two weeks from the time of referral. You may want to check with the Pain Care Assistant to inquire about how long the wait will be.
- At the time of referral, please obtain a urine toxicity screen during the clinic visit, and document when the patient's most recent dose of pain medication was taken in your note.

# Internal Medicine Clinic Referral Form

MR# \_\_\_\_\_

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Referring MD: \_\_\_\_\_

Referring MD Signature: \_\_\_\_\_

**1** Referring to: Clinic: **General Medicine Pain Service** Doctor: **Ives**  New to referred clinic  
When:  Routine  within \_\_\_\_\_  Return to referred clinic  
Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. DOS: \_\_\_\_\_

**2** Referring to: Clinic \_\_\_\_\_ Doctor \_\_\_\_\_  New to referred clinic  
When:  Routine  within \_\_\_\_\_  Return to referred clinic  
Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. DOS: \_\_\_\_\_

**3** Referring to: Clinic \_\_\_\_\_ Doctor \_\_\_\_\_  New to referred clinic  
When:  Routine  within \_\_\_\_\_  Return to referred clinic  
Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. DOS: \_\_\_\_\_

**4** Referring to: Clinic \_\_\_\_\_ Doctor \_\_\_\_\_  New to referred clinic  
When:  Routine  within \_\_\_\_\_  Return to referred clinic  
Dx/Symptoms: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
 Managed Care Authorization needed See CIS Note. DOS: \_\_\_\_\_

\*Use requisition forms for GI Procedures, Physician Therapy, and Occupational Therapy