

Pain Source Solutions

Enjoy Life Again.

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P.O. Box 7391 North Kansas City, MO 64116
(816) 221-4114

Patient Referral Form

Patient Information

Name	Date of Birth
Address	
City, State, Zip	
Home Phone No.	Work or Cell Phone No.
Social Security No.	

Insurance Information

Primary Insurance	Claims Address
Policy No.	Phone No.
Group No.	Cardholder-Insured
Referral or Authorization No.	Date of Birth
Secondary Insurance	Claims Address
Policy No.	Phone No.
Group No.	Cardholder-Insured
	Date of Birth
Worker's Compensation Claim?	Yes__ No__
If yes, please supply carrier and mailing address per above and complete the following:	
Nurse Case Manager	
Phone No.	Fax No.
Adjustor	
Phone No.	Fax No.
Claim No.	Date Of Injury

PCP and Referring Doctor

Referring Doctor	Phone No.	Fax No.
PCP Name	Phone No.	Fax No.

General Information Checklist

Patient Complaint	
Does the patient have recent MRI or Films? Yes__ No__	If yes, please have patient bring to first appointment.
Is the patient on any Blood Thinners? Yes__ No__	Type
Should the patient be on any blood thinner, we usually ask they discontinue taking for up to 10 days prior to appointment. However, please have patient contact prescribing physician to determine the number of days the patient can safely discontinue. This would also include any aspirin, motrin, and vitamin E. Patient will need to bring a list of current medications and have a driver take them to their appointment.	

Fax completed form to 816-471-1247 or call 816-221-4114 to schedule an appointment.