



**SWEDISH  
Pain Services**

600 Broadway, Suite 530 Seattle, WA 98122

Phone: (206) 386-2013 Fax: (206) 215-2229

- Steven Stanos, DO
- Louise Berkowicz, MD
- Wilson Chang, MD
- Chris Merifield, MD
- Greg Rudolf, MD
- Cong Yu, MD
- First Available

## External Referral Policy and Consultation Request Form

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Thank you for referring your patient to Swedish Pain Services. Due to an increased demand in the Seattle region for pain consultations, we are unable to take over long-term medication management for patients at this time. Patients referred from external groups will be seen for *consultation only*, after which you will receive our patient-specific recommendations. In rare instances, patients may be seen for a short period of time in order to optimize their medical management. It is important that you and your patient understand the limitations of this consultation.

We ask that referring providers complete this form and return it to Swedish Pain Services by fax at **206-215-2229**. Please include any relevant medical records from the previous six months and any diagnostic reports that may be beneficial to our review. Once we have received these documents, our referral coordinator and team will review them and make a determination. If a consultation is deemed appropriate, our office will contact you and your patient to schedule the appointment. Please answer the following questions to help us determine an appropriate course of action:

1. The purpose of the request for pain consultation is (check all that apply):

- Consultation as per recommendations of the State of Washington related to MED> 120 mg and need for pain management consultation
- Guidance and recommendations to better manage my patient’s pain condition
- Consideration for interventional procedures (i.e. epidural injections, facet joint or peripheral joint procedures).
- Consideration for trial of spinal cord stimulation due to recalcitrant chronic neck, low back or extremity pain
- Consideration for possible intrathecal opioid management trial and/or implant of intrathecal device for patients on high dose opioid medications that no longer benefit from therapy or are limited by adverse effects
- Referral to Dr. Greg Rudolf for addiction medicine consultation to include possible opioid detoxification
- Referral to Dr. Greg Rudolf for acupuncture (No Medicare/Medicaid coverage)
- Other. Please explain.

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2. Swedish Pain Services providers will not assume care of the patient. Patients should not expect any medication prescriptions to be written.
3. Recommendations will be forwarded to the referring provider within 1-2 business days of the consultation.
4. If your patient is managed by our office for a brief period for medication stabilization, your office agrees to assume their care (take back management of the patient), including prescribing of medications (controlled and non-controlled substances). (Circle Response):

YES, I agree.    No, I don't agree.

5. With regards to the patient you referred for a pain consultation

- a. Is your patient in good standing with your practice? YES NO If no, please briefly explain.

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- b. Has the patient had any issues related to misuse, abuse, diversion, or aberrant behaviors related to opioid and/or medication management (i.e. abnormal urine screen, running out early and requesting early refills)? YES NO If yes, please briefly explain.

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- c. Has the patient been discharged from your practice? YES NO

- d. Has the patient been discharged from another pain clinic? YES NO

- e. Other comments that may be of benefit for review of your patient's consultation referral.

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| _____  | X | _____                        | _____ |
| Referring Provider (Last Name, First Name, Degree) |   | Referring Provider Signature | Date  |