REHABILITATION HOSPITAL
OF THE PACIFIC
226 North Kuakini Street • Honolulu, Hawaii 96817
PH 808-531-3511 • FAX 808-544-3335 • www.rehabhospital.org

COMPREHENSIVE PAIN MANAGEMENT

Phone: (808) 544-3325 | Fax: (808) 535-2001

Name: _____ Onset Date Illness/Injury/Accident _____

Phone _____ Surgery Date _____

Precautions _____

Diagnosis _____

_____

☐ CERVICAL FACET BLOCK	Evaluate & Treat	☐ LUMBAR FACET BLOCK	Evaluate & Treat
☐ CERVICAL/LUMBAR MEDIAL BRANCH BLOCK SACRAL LATERAL BRANCH BLOCK	Evaluate & Treat	☐ LUMBAR TRANSFORAMINAL EPIDURAL	Evaluate & Treat
☐ CERVICAL INTERLAMINAR EPIDURAL	Evaluate & Treat	☐ SI JOINT	Evaluate & Treat
☐ LUMBAR INTERLAMINAR EPIDURAL	Evaluate & Treat	☐ CAUDAL EPIDRUAL	Evaluate & Treat

☐ OTHER _____

☐ CONSULT _____

Physician Name _____ NPI# _____ Physician Signature _____ Date _____

Case Manager (if applicable) _____

Adjuster Name _____ Fax/Phone _____

FOR WORK COMP ONLY: Estimated Cost: _____ (estimated by treating therapist)

PLEASE INCLUDE the following with your referral:

- ☐ DEMOGRAPHICS
- ☐ LABS/IMAGING
- ☐ MD NOTES
- ☐ IF QUEST, PRIOR AUTHORIZATION (PA)