



# PAIN MANAGEMENT REFERRAL ORDER

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[www.indianapolyclinic.com](http://www.indianapolyclinic.com)

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Indianapolis, IN 46280-1393

**Integrating the following specialties on site:**

Interventional Pain Management

Psychiatry

Medication Management

Pain Psychology

Neurology

Occupational Therapy

Pain-Related Adult Medicine

Stem Cell Therapy

PATIENT	
Patient Name:	
Patient Phone Number (with area code):	
Patient Date of Birth:	
Patient Insurance: <i>(Indiana Polyclinic is out of network with Medicaid, Tricare, Healthy Indiana Plan, and Humana)</i>	
Reason for Referral (Diagnosis/Chief Complaint):	
REFERRING PROVIDER	
Referring Provider Name (Please Print):	
Telephone Number (with area code):	
Fax Number (with area code):	
Primary Care Doctor (if different than Referring):	
<b><i>*Please send ONE YEAR'S MEDICAL RECORDS prior to patient's initial visit with IPC*</i></b>	

*Please select from the following treatment options:*

**COMPREHENSIVE EVALUATION FOR A TREATMENT PROGRAM**

**PAIN MANAGEMENT**

I would like IPC to evaluate and treat this patient's pain-related condition(s).

**PLEASE NOTE: PAIN MANAGEMENT WITH MEDICATION ONLY IS NOT PROVIDED BY INDIANA POLYCLINIC.**

**SELECTED TREATMENT(S) (PLEASE INDICATE BELOW)**

**MENTAL HEALTH SERVICES**

Psychiatry

Psychology

Pain Psychology

Psychological Testing

Psychotherapy

**OTHER REQUESTS / COMMENTS (Please specify)**

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**Medical records must be forwarded prior to initial office visit - please sent one years' worth.**