



South Texas Clinic for Pain Management

McAllen Clinic
801 E. Nolana, Ste.7
McAllen, TX. 78504
Office:(956)687-8120
Fax: (956)686-7793

Sharyland Professional Center
4101 S Shary Rd., Ste.101-A
Mission, TX. 78572
Office: (956)583-8889
Fax: (956) 686-7793

Harlingen Clinic
5505 S. Expressway 77,
Ste.106 Harlingen,TX.78550
Office:(956)423-9996
Fax:(956)686-7793

**Brownsville Clinic
Doctor's Medical Plaza**
4770 N. Expressway 83, Ste.103
Brownsville, TX.78520
Office:(956)350-4770
Fax: (956)686-7793

Rio GrandeCity
201 N. FM 3167, Ste. 106
Rio Grande City, TX. 78582
Office:(956)687-8120
Fax: (956)686-7793

Patient Name: _____
(Please Print Clearly) **Last Name** **First Name** **Middle Name**

Address: _____

Date of Birth: _____ (mm/dd/yyyy)

Contact Phone Numbers: Home: _____ Work: _____ Cell: _____

Social Security Number: _____ - _____ - _____

Insurance: () BCBS () Commercial () W/C () Medicare () Medicaid () Self Pay () Other _____

Referring Physician: _____ **Phone:** _____ **Fax:** _____

Referring Clinic Name: _____

Signature of Referring Physician: _____

PLEASE FAX ALL RELEVANT CLINIC NOTES AND ANY IMAGING STUDIES ALONG WITH THIS FORM

Pain Diagnosis: _____

Back pain Neuropathic pain Ischemic pain Complex Regional Pain Syndrome (CRPS)

Neck Pain Visceral pain Cancer pain Shingle/Trigeminal pain

Radiculopathy

Post Laminectomy pain Other (Please specify) _____

Duration of pain: < 1 month 1-3 months 3-12 months 1-3 years > 3 years

Past Diagnostics (Attach reports):

X-Ray Specialist Consult reports

CT Scan Physio/OT Assessment

MRI Other (Please specify): _____

NCV / EMG

Consults Requested (please check all that apply):

Consultation and Treatment Consultation and Evaluation only Procedure : Evaluation and Treat

Procedures Requested (please check all that apply):

Discography Epidural Steroid Injection Implantable Trials

Level: _____ Specify: _____ Spinal Cord Stimulator

Selective Nerve Root Block Percutaneous Lysis of Adhesion Intrathecal Pump

Level: _____ Peripheral Nerve Blocks - Specify: _____

Facet Nerve Block Sympathetic Block Intra Articular Injection

Level: _____ Stellate Lumbar Specify: _____

Celiac Impar Ganglion

Hypogastric

Other: _____

Vertebroplasty/Kyphoplasty SI Joint Injection Minimally Invasive Lumbar Decompression (MILD)

Level: _____ (L R Bilateral)

Percutaneous Disc Decompression Trigeminal Nerve Block

Level: _____ (L R)

Radiofrequency Ablation Peripheral Nerve Block

Level: _____ (L R)

Thank you for your referral - Shahid Rashid MD