

**Sadiq Sohani, MD**  
Medical Director  
Board Certified in  
Anesthesiology and  
Pain Medicine



# Center for Spine & Pain Medicine

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Previous Pain Clinic: Yes \_\_\_ No \_\_\_ Workers Comp: Yes \_\_\_ No \_\_\_ W/C Phone: \_\_\_\_\_

Reason for Referral/Pain Diagnosis: \_\_\_\_\_

**\*PLEASE FAX COPIES OF ANY DIAGNOSTIC REPORTS (MRI, CT, X-RAY, ETC.), AS WELL AS THE MOST RECENT PHYSICIAN'S NOTES, PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION RELATED TO THE PATIENT ALONG WITH THIS REQUEST FORM.\***

- |   |   |
|---|---|
| <input type="checkbox"/> Pain Evaluation & Consultation or Evaluation & Treatment         | <input type="checkbox"/> Kyphoplasty/Vertebroplasty     |
| <input type="checkbox"/> Diagnostic Nerve Block   | <input type="checkbox"/> Knee Joint/Hip Joint Injection |
| <input type="checkbox"/> Epidural Steroid Injection<br>____cervical____thoracic____lumbar | <input type="checkbox"/> Lumbar Sympathetic Block       |
| <input type="checkbox"/> Facet Joint Injection<br>____cervical____thoracic____lumbar      | <input type="checkbox"/> Occipital Nerve Block          |
| <input type="checkbox"/> Selective Nerve Root Block<br>____thoracic____lumbar             | <input type="checkbox"/> Stellate Ganglion Block        |
| <input type="checkbox"/> Discography<br>____cervical____thoracic____lumbar                | <input type="checkbox"/> Trial Spinal Cord Stimulator   |
| <input type="checkbox"/> Facet Rhizotomy  | <input type="checkbox"/> Trigger Point Injection        |
| <input type="checkbox"/> Sacroiliac Joint Injection                                       | <input type="checkbox"/> Celiac Plexus Block            |
| <input type="checkbox"/> Specific Level Desired (If applicable): _____                    | <input type="checkbox"/> Other _____                    |

Referring Physician: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Referring Physician NPI# \_\_\_\_\_

Phone: (706) 279-2635 • Fax: (706) 279-2679 • [www.cspmpain.com](http://www.cspmpain.com)

1413 Chattanooga Ave  
Dalton, GA 30720

7446 Shallowford Rd., Suite 110  
Chattanooga, TN 37421

715 Queen City Parkway, Suite 106  
Gainesville, GA 30501