COLORADO PAIN & REHABILITATION

Patient Referral Form

○ REGULAR
○ ASAP

Please fax to our main office at:
(303)456-1856

Referring Dr._____ **Signature:**_____

Date:_____ Phone & Fax:_____

Patient Name:_____

DOB:_____

Pt Contact Phone #:_____ **Interpreter Needed**? Yes/No

INSURANCE (circle one) Worker's Compensation Auto Lein Private Insurance

Date of Injury/Accident:_____ ☐ Info Attached

Name of Carrier:_____ ☐ Notes Attached

CI #:_____

Adjuster/NCM Name:_____ Phone #:_____ Fax:_____

Auth #_____

Medicaid Not Accepted As A Primary

Referral To (circle one): D. Aspegren, DC, MS S. Blau, MD R. Kawasaki, MD
J.T. Sacha, MD J. Wunder, MD R. Zimmerman, DO

Preferred Location (circle one)**:** *not all physicians practice at all locations*

CPR Lakewood	**CPR Englewood**	**CPR Greeley**	**Lowry**	**Aurora**	**DTC**
1536 Cole Blvd. #120	125 E. Hampden Ave.	7251 West 20th Street	8158 E. 5th Ave.	1330 S. Potomac	8200 E. Belleview Ave.
Lakewood, CO 80401	Englewood, CO 80113	Building F, Suite C	Suite 220	Suite 100	Suite 202-C Central Tower
Phone:(303)423-8334	Phone: (303)781-2500	Greeley, CO 80634	Denver, CO 80230	Aurora, CO 80012	Greenwood Village, CO
		Phone: (970)356-4066	Phone: (303)916-5607	Phone: (303)781-2500	80111
					Phone: (303)781-2500

Purpose (circle one) Evaluate and Treat One Time Evaluation Only

# of Visits:_____

Dx:_____

Special Instructions:_____

Please include recent visit notes, diagnostic imaging if available, medication list, demographics, and insurance card