

# REFERRAL FORM FOR PSYCHOLOGICAL SERVICES

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**MANDATORY DOCUMENTS TO SEND TO  
COMPLETE REFERRAL PROCESS:**

- This completed form along with:
- Pt. demographics & insurance (face sheet)
- Copy of insurance card (mandatory)**
- Most recent doctor's chart note
- Our New Patient Packet (8 pages)

I am referring the following patient:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

for psychological service as checked below:

**CHECK BELOW: Psychological Clearance for Implant**

Spinal Cord Stimulator (SCS)

Intrathecal Pain Pump

Dorsal Root Ganglion Stimulator (DRG)

Peripheral Nerve Stimulator (PNS)

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

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

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
(please provide)

EMAIL: \_\_\_\_\_  
(Fax is where reports go to die. Please provide contact email for most effective communication)