

REFERRAL FORM FOR PSYCHOLOGICAL SERVICES

P.A.C.E., INC.

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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 Questionnaire (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)