

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 Questionnaire (8 pages)

I am referring the following patient:

Name: _____ DOB: _____

Phone Number: (_____) _____

for psychological service as checked below:

CHECK BELOW:

Psychological Clearance for :

IMPLANTABLES

☐ Spinal Cord Stimulator (SCS)

☐ Intrathecal Pain Pump

☐ Dorsal Root Ganglion Stimulator (DRG)

☐ Peripheral Nerve Stimulator (PNS)

☐ INTERVERTEBRAL
RADIOFREQUENCY
ABLATION BASIVERTEBRAL
NERVE

Referring Physician: _____ NPI: _____

Address: _____ Phone: _____

_____ Fax: _____

CONTACT PERSON: _____

(please provide OFFICE STAFF CONTACT PERSON)

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