Shepherd Center

Shepherd Spine and Pain Institute - Provider Referral Form
shepherdpaininstitute.org

Patient Information:

Last Name: _____ First Name: _____ Initial: _____

DOB: _____ SSN: _____ Home Phone #: _____

Cell Phone #: _____ Email: _____

Insurance: _____ Insurance ID #: _____

Referral Information:

Referring Provider: _____ Office Contact: _____

Office Phone #: _____ Fax: _____

Reason for Consult (expalin): _____

Diagnosis (ICD-10): _____

Referral for:

- ☐ Consulation Only
- ☐ Evaluate and Treat
- ☐ Comprehensive Pain Evaluation
- ☐ Psychological Pain Services: Cognitive Behavioral Therapy
- ☐ Physical Therapy (include order signed by MD)
- ☐ Second Opinion
- ☐ Bio-Feedback
- ☐ Other: _____

Provider:

- ☐ First Available
- ☐ Erik Shaw, D.O.
- ☐ Michael Smith, D.O.
- ☐ Alaina Hammond, Psy.D.
- ☐ Chris Nesbitt, PT

Please Include the Following Items with the Referral:

- ✓ Facesheet
- ✓ History & Physical
- ✓ Last Three Office Visit Notes
- ✓ Psychological Reports
- ✓ Surgical and Procedure Notes
- ✓ Medication List
- ✓ Diagnostic Imaging and Testing Reports (MRI, CT Scan, EMG, X-Rays)

Please Mail or Fax Referral and Medical Records to:

» ***Mail:*** Shepherd Spine and Pain Institute
2020 Peachtree Road N.W., Atlanta, GA 30309
Attn: New Patient Coordinator

» ***Fax:*** 404-603-4418

For questions, please contact our New Patient Coordinator by phone at 404-603-4203.

Revised 12/2024