

**Columbia Pain Management
Trey Rigert MD
1010 Tenth St
Hood River, OR 97031
541-386-9500
Fax 541-386-9540**

Self Referral Form

Date: _____

Personal Information

Name _____

Male _____ Female _____

Phone Number: _____

Work Number: _____

Mailing address: _____

Cell Number: _____

Date of Birth: _____

Email address _____

How did you hear about us? _____

Patient's Chief Complaint _____

Date and Place of Last MRI _____

Primary Care Provider _____

Do we have your permission to request chart notes from your primary care _____ Yes _____ No

Primary Insurance Information

Insurance plan _____

Policy Number _____ Group Number _____

Secondary Insurance

Insurance plan _____ Policy # _____ Group # _____

*Please fill out the new patient paperwork and send it back to Columbia Pain Management with this sheet on top.

Patient Signature _____ Date: _____