

Columbia Pain Management

**1010 Tenth St Hood River, OR 97031
3601 Klindt Dr Ste 200 The Dalles, OR 97058
P: 541-386-9500 F: 541-386-9540**

**6542 SE Lake Rd Ste 101 Milwaukie, OR 97222
P: 503-654-5636 F: 503-654-5638**

Self Referral Form

Date: _____

Personal Information

Name: _____ Male _____ Female _____
Phone Number: _____ Phone Number: _____
Mailing address: _____ 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: _____