



Please type in all requested data below and e-mail (or print and FAX) with relevant clinical notes and a copy of the insurance card.
For URGENT requests, please call the Referral Center immediately after submitting this form.
You can also register for the LPCH MD Portal (<https://mdportal.lpch.org>) to complete online referrals and track appointments.

Referrer Information:

Referring MD: _____
Last Name First Name Phone # Fax #

Specialty: _____ Address: _____

PCP (if different from above): _____
Last Name First Name Phone #

Patient Information:

Female Male Interpreter Required?: YES NO Language: _____

Last Name First Name MI DOB

Patient's Address: _____ City/State/Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Guardian Name : _____ Guardian Relationship : _____

Pain Diagnosis: _____ ICD-9: _____

Service Requested:

Reason for Referral: _____

Type of Service Requested: Consultation: CPT 99245, 97001, 96150 Management of patient's pain: CPT 99205, 97001, 96150

Procedures or Interventions: _____

Insurance Information:

Requires Authorization? YES NO Auth #: _____ # of Visits: _____ Auth Exp Date: _____

PPO HMO Other Insurance Plan: _____

Insurance ID: _____ Medical Group: _____ Phone #: _____

Insurance Holder's DOB: _____ Relationship to Patient: _____
Name

Form Completed by: _____ Phone Number: _____ Date: _____



Lucile Packard Children's Hospital

STANFORD UNIVERSITY MEDICAL CENTER

PEDIATRIC PAIN MANAGEMENT CLINIC

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Dear Referring Physician:

Thank you for referring your patient to the Pediatric Pain Management Clinic at the Lucile Packard Children's Hospital at Stanford. Our goal is to provide your patient with compassionate, cost-effective medical care for their pain complaint and underlying problem. Because pain affects many aspects of life for a child and their family, the best treatment for chronic pain is usually a multidisciplinary approach that addresses both the mind and body. We offer a program that combines conventional medical and nonpharmacologic therapies including cognitive-behavioral therapy, biofeedback, physical therapy, and acupuncture. Therefore during your patient's initial clinic appointment a team of pain management specialists consisting of a physician, nurse practitioner, child psychologist, and pediatric physical therapist will evaluate your patient.

Before your patient's appointment can be scheduled, we must first receive authorization from their health insurance company for CPT codes 99245 or 99205, as well as both 96150, and 97001. **It is the parent(s) and your responsibility as the referring physician to obtain authorization.** Please understand that we cannot schedule your patient's appointment until we have received the authorization from your office or the third party insurer. Once received, your patient will be contacted and an appointment will be scheduled at the earliest possible date.

Also, please provide copies of relevant previous medical evaluations, reports of all radiographs and other imaging studies, and all diagnostic test reports by mail to the address below, fax number (650) 736-9918, or e-mail to susanlim@stanford.edu.

After the initial evaluation, your patient's pain management physician will provide you with a comprehensive summary of the clinic's assessment and recommendations, and determine with you if their care will continue in our clinic, or if you will assume the pain management care including the prescription of analgesics.

We look forward to working with you to provide your patient the best pain management treatment available. If you have any questions or concerns, please call (650) 725-5848 Mondays through Fridays between 8:00 a.m. and 4:00 p.m.

Sincerely,

A handwritten signature in black ink that reads "Elliot J. Krane".

Elliot J. Krane, M.D.