

PATIENT REFERRAL FORM



To schedule an appointment, please fax this form along with patient demographics to **903.839.4000** or email **appt@carefirstmed.com**.

Randall W. Rodgers, DO

Certified-American Board of Interventional Pain Physicians – Controlled Substance Management • Certified Medical Review Officer

PATIENT: _____ DATE: _____

DX (ICD 10 Code): _____

EVALUATION & MANAGEMENT

- Controlled Substance Management (Opioid Management)

BEHAVIORAL HEALTH *(Michael Driggs, LPC)*

- Opioid Risk Evaluation
- Behavioral Health Screening and Consultation
- Cognitive Behavioral Therapy
- Self-Hypnosis Training for Pain
- Psychotherapy/Counseling
- Stress management

PHYSICAL/FUNCTIONAL TESTING

- Physical Performance Evaluation (PPE)
- Functional Capacity Evaluation (FCE)
- Fit for Duty Evaluation
- DOT Evaluation

Special Instructions: _____

Referring Provider Signature: _____