

### Dr. Lynn Nelson Referral Request Form

Thank you for referring your patient to Dr. Lynn Nelson for spine care. **Our process is to have the referring provider include the information listed below along with this sheet and fax to 641-450-1318.** If you have any questions, our phone number is 515-955-6767. Once the information is received, Dr. Nelson will review it, determine if the patient is a surgical candidate, and then we will be in contact with you.

**Please fill out the following information:**

Date of request \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Phone \_\_\_\_\_

Referring Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cervical  Lumbar

Has the patient been evaluated by a spine surgeon before?  No  Yes

Have they had previous surgery?  No  Yes

If yes, send OR report and list provider's name: \_\_\_\_\_

Is this a work-related injury?  No  Yes

What is patient's BMI? \_\_\_\_\_ Hgb A1C \_\_\_\_\_

**All of the information below needs to be faxed to 641-450-1318**

- Plain spine films & MRI (within a year) pushed to Iowa Specialty Hospital
- Report for spine films & MRI
- Referring provider notes
- Pain clinic treatment notes/ physical therapy notes
- Demographic information, insurance card(s), and patient email

**Please be aware: Our clinic will not take over long-term management, including opioids.**