



Pain Management

Nirav Parekh, MD

100 Jackson Pike

Gallipolis, OH 45631

Phone: 740-446-5207; Fax: 740-446-3049

PLEASE NOTE: This office schedules appts for Dr Nirav Parekh only. If you would like to schedule with Dr Kenneth Marshall in the Athens or Jackson locations, please direct this form to: Ph# 740.589.3100, Fax# 740.566.4014 for his staff to review.

Date: _____ Which Holzer PM Physician are you referring to: (please circle) **Dr Parekh** **Dr Marshall**

Location Preference (please circle): Gallipolis Athens Jackson

Reason for Referral: _____

Referring Physician: _____ **Phone:** _____ **Fax:** _____

Patient Information:

Patient Name: _____ **DOB:** _____ **Sex:** M / F

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell/Alternate Phone:** _____

Social Security Number: _____

Has the patient ever been seen by Pain Management: YES NO

If "YES", where and when? _____

Any related surgeries? YES NO

If "YES", what type of surgery, where, and when? (Please send any op notes/surgical records) _____

Insurance Information – please inform us if this is a Worker’s Compensation Claim (include claim information)

Primary: _____ **Secondary:** _____

PLEASE NOTE: Medications **will NOT** be addressed on the first visit. Dr. Parekh practices interventionally and will only address medication after all other avenues of treatment have been tried and failed.

Fax completed referral form and the information listed below to 740-446-3049. Once an appointment has been made, our office will fax this sheet to the referring provider’s office with the appointment date and time.

- Patient demographic sheet
- Insurance card(s)
- Medication list
- Relevant imaging reports within the last 12 months
- Physician progress notes

****Office use only:**

Appointment date: _____ **Time:** _____ **with Dr.** _____ **@** _____ **location**