

# Northwest Pain Management Associates

A Division of Proliance Surgeons

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www.northwestpain.com

## Patient Information

Patient Name: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Insurance: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

- Evaluate for Interventional Pain Management
- Evaluate for Interventional Pain Management with Medication Management

<p><b>HEAD AND CERVICAL SPINE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cervical ESI Level _____</li> <li><input type="checkbox"/> Cervical Facet Joint Steroid Injection Level/Side _____</li> <li><input type="checkbox"/> Cervical Facet Joint Radiofrequency Evaluation</li> <li><input type="checkbox"/> Cervical Nerve Root Block Level/Side _____</li> <li><input type="checkbox"/> Greater Occipital Nerve Block</li> <li><input type="checkbox"/> Interspinous Ligament Injection</li> <li><input type="checkbox"/> Sphenopalatine Ganglion Block</li> <li><input type="checkbox"/> Stellate Ganglion Block</li> <li><input type="checkbox"/> Stellate Ganglion Block <b>for PTSD</b></li> <li><input type="checkbox"/> Supraorbital Nerve Block</li> <li><input type="checkbox"/> Trigger Point Injections</li> </ul>	<p><b>LUMBOSACRAL SPINE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluate for Spinal Cord Stimulation system</li> <li><input type="checkbox"/> Evaluate for Vertiflex Superion implant for lumbar spinal stenosis and foraminal stenosis</li> <li><input type="checkbox"/> Ganglion Impars Block</li> <li><input type="checkbox"/> Interspinous Ligament Injection</li> <li><input type="checkbox"/> Lumbar Facet Joint Injection Level/Side _____</li> <li><input type="checkbox"/> Lumbar Facet Joint Radiofrequency evaluation Level/Side _____</li> <li><input type="checkbox"/> Lumbar Interlaminar ESI Level _____</li> <li><input type="checkbox"/> Lumbar Transforaminal ESI/Nerve Root Block Level/Side _____</li> <li><input type="checkbox"/> Lumbar Hardware Block</li> <li><input type="checkbox"/> Piriformis Muscle Block</li> <li><input type="checkbox"/> Sacroiliac Joint Block</li> <li><input type="checkbox"/> Trigger Point Injections</li> </ul>	<p><b>HIP AND LOWER EXTREMITY:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Genicular Nerve Radiofrequency evaluation Right ___ Left ___</li> <li><input type="checkbox"/> Intra-articular Hip Joint Steroid Injection Right ___ Left ___</li> <li><input type="checkbox"/> Intra-articular Knee Steroid Injection Right ___ Left ___</li> <li><input type="checkbox"/> Lumbar Sympathetic Block Right ___ Left ___</li> <li><input type="checkbox"/> Trochanteric Bursa Injection Right ___ Left ___</li> <li><input type="checkbox"/> Evaluate for StimWave Peripheral Nerve Stimulation System for lower extremity peripheral neuropathy</li> </ul>
<p><b>SHOULDER AND UPPER EXTREMITY:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acromioclavicular Joint Steroid Injection Right ___ Left ___</li> <li><input type="checkbox"/> Biceps Tendon Steroid Injection Right ___ Left ___</li> <li><input type="checkbox"/> Carpal Tunnel Steroid Injection Right ___ Left ___</li> <li><input type="checkbox"/> Glenohumeral Joint Steroid Injection Right ___ Left ___</li> <li><input type="checkbox"/> Subacromial Steroid Injection</li> <li><input type="checkbox"/> Suprascapular Nerve Block Right ___ Left ___</li> <li><input type="checkbox"/> Evaluate for StimWave Peripheral Nerve Stimulation System for upper extremity peripheral neuropathy</li> </ul>		<p><b>CHEST AND THORACIC SPINE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intercostal Nerve Blocks</li> <li><input type="checkbox"/> Interspinous Ligament Injection</li> <li><input type="checkbox"/> Thoracic Interlaminar ESI</li> <li><input type="checkbox"/> Thoracic Facet Joint Blocks Level/Side _____</li> <li><input type="checkbox"/> Thoracic Transforaminal ESI Level/Side _____</li> <li><input type="checkbox"/> Trigger Point Injections</li> </ul> <p><b>ABDOMEN AND PELVIS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal Wall Musculature Trigger Point Injection</li> <li><input type="checkbox"/> Celiac Plexus Block</li> <li><input type="checkbox"/> Ilioinguinal/Ileohypogastric Nerve Block Right ___ Left ___</li> <li><input type="checkbox"/> Superior Hypogastric Plexus Block</li> </ul>