



Valley Medical & Wellness

2428 E 117th St, Burnsville, MN 55337 (Burnsville)
2200 E Franklin Ave, Suite #199, Minneapolis, MN 55414 (Minneapolis)
Tel: (612)-444-3000 Fax: (612)-444-9000

REFERRAL FORM

Please Fax Form to 612-444-9000

Please complete all sections of this form. Your patient will receive a phone call to scheduled appointment.

Patient Details

Patient Name: _____
Date of birth: _____ Patient Phone: _____ Sex: Male Female
Patient Address: _____
Insurance Carrier: _____ Insurance ID No: _____

Referral Details

Reason for referral / primary diagnosis: _____

Consultation Only

Evaluate and Treat:

- Manage chronic pain medications
- Substance Abuse Services (e.g. alcohol, opioids)
- Opioid Dependence
- Neck pain
- Back pain
- Headaches
- Fibromyalgia
- Other: _____

Evaluate and Consider:

- Trigger Point Injections
- Prolotherapy
- Viscosupplementation (Hyaluronic acid)
- Large Joint Steroid Injection
- Sacroiliac Joint Injection
- Suprascapular Nerve Block
- Botox (Cervical Dystonia/Chronic Migraine)
- Supraorbital Nerve Block
- Dorsal Digital Nerve Block (Morton's Neuroma)
- Other: _____

Please include 6-12 months of past medical records and any relevant pathology and imaging results with this referral. This information will assist us in appropriately triaging your patient.

Medical Records Included: 6 months 12 months Other _____

Additional Comments: _____

Referring Physician

Provider Name: _____ Clinic Name: _____
Telephone number: _____ Fax number: _____

Doctor's signature: _____ Date: _____