

Bearden Healthcare Associates, P.C.

Pain Management * Chiropractic * Physical Therapy * Primary Care * Migraines
10321 Kingston Pike Knoxville, TN 37922 Phone (865) 584-3565 Fax (865) 584-2956 or (865) 909-0003
Ext. 222 - New Patient Coordinator
www.bhaknoxville.com

NEW PATIENT REFERRAL

Name of Referring Physician: _____

Office Number: _____ Fax Number: _____

Diagnosis/Reason for Referral: _____

Patients Full Name: _____

Date of Birth: _____ Social Security # _____

Patient Address: _____

Home Phone: _____ Work: _____ Cell: _____

Insurance Provider: _____

Insurance ID #: _____

(PLEASE INCLUDE A COPY OF INSURANCE CARD TO VERIFY ELIGIBILITY)

Type of Treatment Requested:

Pain Management _____ *Chiropractic Care* _____ *Physical Therapy* _____

Botox for Migraines _____ *Cancer Pain:* _____ *Other:* _____

** Has this patient been treated for Pain Management before? ___ Y ___ N If so, where?

** Please include *any and all* records you may have that relates to this referral, including diagnostic testing (MRI's / X-Ray's)

** Is this a Workers Comp claim? ___ Y ___ N If so, their Work Comp case manager will need to authorize the referral to our office for treatment prior to patient being scheduled.

(BHA OFFICE USE ONLY)

THIS PATIENT HAS BEEN CONTACTED AND SCHEDULED FOR:

Date: _____ Time: _____ am/pm

**THANK YOU FOR YOUR REFERRAL!
WE APPRECIATE THE OPPORTUNITY TO CARE FOR YOUR PATIENT**