



**INTERVENTIONAL
SPINE MEDICINE**
Leaders in Innovative Pain Management

Interventional Spine Medicine

944 Calef Highway Barrington NH, 03825

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New Patient Consult Request Form

Requesting Provider: _____ Date: _____
Contact: _____ Phone: _____ Fax: _____

Practitioner: First Available Asi Hacobian, MD
 Jan Slezak, MD

Okay to schedule with another practitioner if practitioner indicated is not available
Request: Consultation Only
 Consultation and treatment, Specify: _____

Preferred Location: Plaistow Barrington Rye
Diagnosis: _____ Site of Pain: _____
How long in pain: _____ Schedule Patient: Next Available ASA Urgently
P
Patient Treated for Pain Previously? Yes, Where? _____ No
Patient has recent: X-ray MRI Patient will bring X-ray/MRI? Yes No
Location of Films: _____

Patient Name: _____ Date of Birth: _____
Address: _____ SSN: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
PCP: _____

Primary Insurance: _____
Policy #: _____ Group #: _____
Subscriber : _____ DOB: _____ SSN: _____
(if different than patient)
Case Manager: _____ Phone #: _____ DOI (if worker's comp): _____
State Injured In: _____

Secondary Insurance: _____
Policy #: _____ Group #: _____
Subscriber : _____ DOB: _____ SSN: _____
(if different than patient)

Notes: _____

Please fax with notes and diagnostics