



## Women's Medicine Collaborative\*

*Lifespan. Delivering health with care.™*

## Pelvic Pain Program

146 West River St.  
Providence, RI 02904  
3<sup>rd</sup> Floor, Suite 11-D  
Phone: 401 793-7917  
Fax: 401 793-7988

**Back Line for Physician Office Use**  
401-793-7485

### REFERRAL FORM

PATIENT \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

May we leave a message stating the call is from "Women's Medicine Collaborative" or "Dr. X's office"? ☐ Yes ☐ No

PRIMARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_

REFERRING PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Translator needed? ☐ No ☐ Yes - Preferred Language: \_\_\_\_\_

**Fax with any pertinent records and lab/test results to: 401-793-7988**

**Thank you.**

#### Please indicate:

- ☐ Suspected nerve entrapment within the first 6 weeks following surgery
- ☐ The patient is 18 years or younger

#### Services requested: Please select what you would like for your patient:

- ☐ One-time consultation with recommendations back to referring provider
- ☐ Co-management of the patient

\*Referring provider continues GYN care. Dr. Fox/Dr. Clark Donat provide pelvic pain care.

- ☐ Dr. Fox will provide pelvic pain care and Patient needs a referral to a GYN as well

**REASON FOR REFERRAL** \_\_\_\_\_

Currently receiving treatment? ☐ No ☐ Yes - \_\_\_\_\_

Please Note: The doctor will not prescribe any controlled substances at the initial evaluation. She is happy to take over the prescription of opioid medication in women who are interested in weaning off of their pain medication. This will be set up during the first few visits to allow a smooth transition of care.

Please contact us with questions at any time. (401) 793-7917