

Applied Pain Institute, LLC

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Bloomington, IL 61701

AppliedPainInstitute.JiLi@117318.advancedmd-direct.com Send us an online referral!!

Phone: 309-662-0088

Fax: 1-855-598-5651 or 309-662-0089

2022 Referral Form

Ji Li, MD – Interventional Pain Management

Jiong Gu, L. Ac. – Acupuncture

Instructions:

1. COMPLETE ALL SECTIONS – blank sections could cause a delay in treatment
2. Attach all imaging reports/other testing related to this condition

Patient's name: _____ Date of Birth: _____

Address: _____

Phone (H): _____ Phone (C): _____

Insurance Carrier: _____

Workers Compensation? If yes, you **MUST OBTAIN A WRITTEN AUTHORIZATION** for pain management. Once you have written authorization, include it with this fax along with all other pertinent information.

Referring Doctor's _____

Referring Doctor's NPI: _____

Referring Doctor's Address: _____

Phone: _____ Fax: _____

Today's Date: _____ Name of person completing this form: _____

Reason for referring patient/diagnosis: _____

Diagnostic Imaging completed: _____

Has this patient been seen by Dr. Ji Li in the past? (circle) YES NO

Has this patient been seen by other pain clinics in the past? (circle) YES NO

If yes, attach contact information to other providers and reports detailing treatment

Other pertinent information: _____