

Shingle Creek Medical Group, LLC
2781 Freeway Blvd, Suite, 160 Brooklyn Center, MN 55430
763.244.8022 • (F) 763.244.8021

Date: _____
scheduling@shinglecreekmedicalgroup.com
www.shinglecreekmedicalgroup.com

Patient Name: _____ Phone: _____ DOB: _____ Male Female

Referring Physician: _____ Phone #: _____

Fax: _____ Email: _____

Working Diagnosis: ICD _____

Attorney: _____ Phone: _____

Insurance Company: _____ Claim Number/ID: _____

Adjuster: _____ Phone: _____

PAIN MANAGEMENT AND OTHER TREATMENT

CONSULTATION	Trigger Point Injection	Joint Injection	PRP (Platelet-Rich Plasma)
<input type="checkbox"/> Consultation Only <input type="checkbox"/> Consult & Treat	Location/s: _____ _____ _____ _____ _____ _____ _____ _____ _____	Location/s: _____ _____ _____ _____ _____ _____ _____ _____ _____	Location/s: _____ _____ _____ _____ _____ _____ _____ _____ _____

Reason For Visit: _____

TYPE OF TRAUMA

- Neck Pain
- Thoracic Pain
- Decreased ROM
- Sciatica/Leg Tingling / Numbness /Pain
- Lumbar Pain
- Headache/ Dizziness
- Arm Tingling/Numbness/Pain
- Muscle Spasm
- OTHER _____
- Auto Injury

Date of Trauma _____ History of surgery/malignancy: YES NO

Physician Signature: _____