UNITY FIRST
WELLNESS

Khalanis Kure Inc., doing business as Unity First Wellness
1718 Belmont Avenue, Suite D, Windsor Mill, MD 21244
Phone 240.898.2243 | Secure Fax [SECURE FAX: ENTER]
care@unityfirstwellness.com | unityfirstwellness.com
Unity First Primary Care • Unity First MindCare • Unity First Wellness & Prevention

PAIN MANAGEMENT AND PHYSICAL MEDICINE REFERRAL

Referral for chronic pain, musculoskeletal, neuropathic, spinal, arthritic, or functional limitation evaluation

* Required field. Fields without an asterisk are optional or complete when applicable. Do not include Social Security numbers.

SECTION A PATIENT DEMOGRAPHICS

Full Legal Name (Last, First, Middle) *	Preferred Name	Date of Birth (MM/DD/YYYY) *	Medical Record Number *

Street Address, City, State, ZIP *	Primary Telephone *	Email

Preferred Language *	Sex Assigned at Birth / Gender Identity (as documented)	Parent or Legal Guardian (if applicable) and Phone

Interpreter Required * ☐ Yes ☐ No

SECTION B INSURANCE AND AUTHORIZATION SCREENING *Completed by staff from verified payer sources*

Primary Insurance Carrier *	Plan / Product *	Member ID *	Group Number

Maryland Medicaid MCO (if applicable)	Secondary Insurance and Member ID	Assigned PCP and PCP NPI (if required)

Insurance Referral Required * ☐ Yes ☐ No ☐ Unknown

Insurance Referral Number	Referral Effective Dates	Specialist In Network?

Prior Authorization Required * ☐ Yes ☐ No ☐ Unknown

Authorization Status * ☐ Not required ☐ Not yet requested ☐ Submitted, pending ☐ Approved ☐ Denied ☐ Receiving provider obtaining

Authorization Number (approved only)	Authorized Visits or Units	Authorization Effective Dates	Verified By / Verification Date *

A completed referral form is not an insurance referral or a prior authorization. Record an authorization number only after the payer has issued an approval. Requirements vary by payer, plan, service, and receiving provider.

SECTION C RECEIVING PROVIDER AND EVALUATION REQUESTED

Receiving Provider or Practice *	Phone *	Secure Fax *	NPI (if needed)

Evaluation Requested *

☐ Interventional pain evaluation ☐ Spine evaluation ☐ Other evaluation:

☐ Medication management consultation ☐ Multidisciplinary pain management

☐ Physical medicine and rehabilitation ☐ Physical or occupational therapy

Priority * ☐ Routine ☐ Expedited ☐ Urgent

SECTION D PAIN ASSESSMENT

Pain Diagnosis *	ICD-10-CM *	Status
		☐ Primary ☐ Secondary
		☐ Primary ☐ Secondary
		☐ Primary ☐ Secondary

Anatomical Location(s) *	Duration / Onset *	Pain Now (0 to 10) *	Best (0 to 10)	Worst (0 to 10)

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Pain Characteristics (patient reported)

☐ Aching ☐ Sharp ☐ Throbbing ☐ Numbness or tingling ☐ Other characteristic:
☐ Burning ☐ Stabbing ☐ Shooting or radiating ☐ Stiffness

Functional Limitations

☐ Walking ☐ Sitting ☐ Sleep ☐ Self care ☐ Driving
☐ Standing ☐ Lifting or carrying ☐ Work or school ☐ Household tasks ☐ Other limitation:

Neurological Symptoms

☐ None reported ☐ Numbness ☐ Gait change
☐ Weakness ☐ Paresthesia ☐ Other neurological symptom:

Red flags: New bowel or bladder dysfunction, saddle anesthesia, rapidly progressive weakness, or other signs of cord or cauda equina compromise require immediate emergency evaluation.

Relevant Examination Findings (clinician documented) *

SECTION E PRIOR EVALUATION AND TREATMENT

Prior Imaging or Testing	Date	Key Result

Physical Therapy History (dates, sessions, response)

Other Therapies (chiropractic, acupuncture, bracing, behavioral)

Prior Injections or Procedures (type, date, response)

Current Pain Medication	Dose and Frequency	Response

Previous Medication Trials and Reason Stopped

SECTION F SAFETY CONSIDERATIONS *Complete only what is clinically necessary for this evaluation*

Relevant Safety Concerns (anticoagulation, sedation risk, falls, contraindications)

Clinically Relevant Substance Use History (only if it affects the evaluation or patient safety)

Maryland PDMP (CRISP) Reviewed Date

SECTION G REFERRING CLINICIAN

Clinician Name and Credentials *	Individual NPI *	Organization NPI (if required)	Maryland Medicaid Provider ID (if required)
Imani Victoria Bryan, MSN, FNP-C, PMHNP-BC			
Practice *	**Phone** *	**Secure Fax** *	**Secure Email or Direct Address**
Unity First Wellness	240.898.2243		

Records Attached ☐ Visit note ☐ Imaging report ☐ PT notes ☐ Medication list ☐ Other:

Referring Clinician Signature *	Date (MM/DD/YYYY) *	Printed Name and Credentials *
		Imani Victoria Bryan, MSN, FNP-C, PMHNP-BC

Request to receiving provider: Please return consultation findings and recommendations to Unity First Wellness.

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