



Women's Medicine Collaborative*

Lifespan. Delivering health with care.™

Pelvic Pain Program

146 West River St.
Providence, RI 02904
3rd 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. Fox'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 provides 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: Dr. Fox 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 Dr. Fox with questions at any time. Pager: 350-0905