



Advanced Practice Headache and Primary Care Clinic

LIVE HEADACHE FREE

Physician Referral Form

Advanced Practice Headache and Primary Care Clinic

Zsuzsa Glasscock DNP-BC

1128 Eagleridge Blvd. Pueblo CO-81008

Tel- 719-778-1414. Fax 719-417-4999

theheadacheclinicco@gmail.com

www.theheadacheclinicco.com

Referring Physician Information

Name Specialty

Full Address

City State Zip Country

Phone Email

Patient Demographics

Name DOB Sex Male Female

Full Address

City State Zip Country

Home Phone Cell Phone Email

Contact Details

Preferred method of contact Preferred contact

Preferred location

Primary Insurance Information

Name of Insurance

Name of Insurance Subscriber

Relation to Patient Self Spouse Mother Father Other

Subscriber Date of Birth Insured ID #

Group # Eff. Date

Secondary Insurance Information

Name of Insurance

Relation to Patient Self Spouse Child Other

Insured Date of Birth Insured ID #

Group # Eff. Date

Patient History

	Yes	No
In the last year, has the patient ever been hospitalized for headaches?		
In the last six months, has the patient gone to the emergency room for headache treatment?		
At least once a week, does the patient miss school, work or social activities due to headaches?		
Is the patient taking five or more medications for their headache?		
For over six months, has the patient been taking medications daily to abort headaches?		
Does the patient have headaches more than 15 days each month?		
How often is the patient in the office for headache treatment?		
In the past year, has the patient had an abnormal result for MRI of the head?		
Has the patient been diagnosed as Bipolar or Borderline?		
Does the headache last longer than 3 hours?		
Does the patient experience visual aura when he/she have a headache?		
Does the patient experience nasal congestion or discharge when he/she have a headache?		
Is patient nauseated or sick to stomach when he/she have a headache?		

I agree to the HIPPA Privacy Statement

Signature