



Referral Form

2019 Pain University

Please enroll the following patient:

Name: _____ DOB: _____

Phone Number: _____

In the following Pain 101: Introduction to Pain and its Treatment Course
(All courses are held Wednesdays 1:00PM - 2:30PM)

March 6-April 10

May 1- June 5

July 10- Aug 14

Sept 4- Oct 9

Referring Provider:

Name: _____ (Please print)

Office contact for questions:

Name: _____ (Please print)

Phone Number: _____

**Fax Referral to Salem Health Community Health Education Center (CHEC) at
503-814-1599.**