THE STELLATE INSTITUTE™
TREATING THE INJURY OF TRAUMA

To refer your patient/client to The Stellate Institute:

1. **Please have your patient complete PCL-5, GAD-7, and patient history forms and include them with this referral in an email to: annapolis@rosm.org with "SGB referral" in the subject line.**

   ☐ **PCL-5** (available at: https://thestellateinstitute.com/wp-content/uploads/2021/04/PCL-5_081413_508.pdf)

   ☐ **GAD-7** (available at: https://thestellateinstitute.com/wp-content/uploads/2021/03/GAD-7.pdf)

   ☐ **Patient History Form (attached)**

2. **Then, please ask your patient to CALL our office to schedule an appointment: (410) 505-0530.**
3. **Refer your patient to: https://thestellateinstitute.com/sgb-scheduling/ for details.**

SGB for the treatment of PTSD is not covered by insurance companies. The cost of an SGB at The Stellate Institute is $1200 for a one-sided block.

Dr. Lynch and Dr. Mulvaney welcome collaboration in the care our patients. Stellate Ganglion Block works optimally in conjunction with talk therapy. Please include your contact info here so we can provide follow up:

Provider name: Practice/Group:

Check beside your preferred contact method

☐Provider email: ☐Provider phone:

Stellate Ganglion Block Referral

Patient name: Date of birth:

Patient email: Patient phone number:

Diagnosis(es):

Anticoagulant use? (aspirin, Coumadin, Eliquis, or heparin): ☐Yes ☐No

Pregnant? ☐Yes ☐No ☐Do not know

Patient's most troubling symptom(s):

Any additional information you would like to share:

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Patient History Form

Name: _____ Date: _____

Contact email: _____

Contact phone number: _____

Have you had a traumatic experience? ☐Yes ☐No
(We do not require details of your traumatic experience to successfully treat you)

Which category of trauma best describes your traumatic experience?

☐Combat-related

☐Sexual abuse or assault

☐Childhood abuse or neglect

☐First responder related trauma

☐A life-threatening event (car accident, medical emergency)

Are you: Active duty military or a Veteran? ☐Yes ☐No

Are you a first responder? (Law Enforcement, EMS, Firefighter) ☐Yes ☐No

Have you ever been under the care of a behavioral health professional?

☐Yes, who/when: _____ ☐Never

Do you have a mental health diagnosis? (Please name each diagnosis you have)

_____

Are you on any medications that thin your blood? ☐Yes ☐No
(e.g., anticoagulants such as aspirin, Coumadin, Eliquis or heparin)

Are you (or could you be) pregnant? ☐Yes ☐No

Do you have an intense and disabling fear of vomiting? ☐Yes ☐No

Do you have a diagnosis of traumatic brain injury (TBI)? ☐Yes ☐No

Do you have chronic lung disease? ☐Yes ☐No

Thank you