



**BEHZAD EMAD, M.D.**  
 Diplomate, American Board of Electrodiagnostic Medicine  
 Diplomate, American Board of Physical Medicine and Rehabilitation  
 Certified, Subspecialty of Pain Medicine  
 Qualified Medical Evaluator

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Name: \_\_\_\_\_  
Last First

Phone: (\_\_\_\_) \_\_\_\_\_

Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  AM  PM  URGENT  ROUTINE

WORKING DIAGNOSIS \_\_\_\_\_

**INJURED BODY PARTS:**

- |                       |                   |                    |
|-----------------------|-------------------|--------------------|
| Cervical Spine        | Left / Right Hand | Left / Right Hip   |
| Left / Right Shoulder | Thoracic Spine    | Left / Right Knee  |
| Left / Right Elbow    | Pelvis            | Left / Right Ankle |
| Left / Right Wrist    | Lumbar Spine      | Left / Right Foot  |

Other: \_\_\_\_\_

**REASON FOR EVALUATION:**

- Consultation Only
- Consultation & Treatment
- PAIN MEDICINE** (R.S.D., Chronic Pain Program, BOTOX, Prolotherapy, P.R.P., Pain Pharmacology, Pain Psychology, Physiotherapy, Massage, Acupuncture, Biofeedback, etc.)
- SPINAL PROCEDURES** (Epidural, Caudal, Selective Nerve Root, Sympathetic Nerve, Facet Nerve, Facet Joint, Sacroiliac Joint, Lysis of Epidural Adhesions, Discography, I.D.E.T., Nucleoplasty, Spinal Cord Stimulator, Intrathecal Drug Delivery System, etc.)
- ELECTRODIAGNOSTIC MEDICINE**  
 Upper Left  Upper Right  Lower Left  Lower Right
- NEUROREHABILITATION** (Stroke, Spinal Cord Injury, Brain Injury, Spasticity, etc.)
- MED-LEGAL**  
 Qualified Medical Evaluation(Q.M.E.)  Independent Medical Evaluation (I.M.E.)  
 Agreed Medical Evaluation (A.M.E.)
- ERGONOMIC EVALUATION**
- GAIT & ORTHOTICS EVALUATION**
- OTHERS:** \_\_\_\_\_

Referring Physician: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_  
SIGNATURE TODAY'S DATE

*(Handwritten signature)*  
 14-07