



REFERRAL FORM

Lancaster

2700 W. Pleasant Run Rd. Ste 210
Lancaster, TX 75146
Phone: (817) 203-0814
Fax: (817) 203-0871

Farmers Branch

13988 Diplomat Dr. Ste 100
Farmers Branch, TX 75234
Phone: (972) 544-1123
Fax: (817) 203-0871

Hurst

800 Forest Oaks Ln. Ste C
Hurst, TX 76053
Phone: (817) 203-0870
Fax: (817) 203-0871

Today's Date: _____ Location Referring To (please circle) : Lancaster, Farmers Branch or Hurst

Injured Patient Name: _____ Diagnosis / ICD 10: _____

Patient Phone #: _____ Job Title #: _____ D.O.B.: _____

Body Area: _____ Unable to Work From(M/D/Y): _____ to _____

Hospitalization : ☐ Yes ☐ No Claim #: _____ Employer: _____

Employer Address: _____ Employer #: _____

WCAB Board # : _____ Insurance: _____ Subscriber ID : _____

Adjustor : _____ Case Manager: _____

CHECKLIST:

I have included in this referral: (Please Note: Incomplete referrals may delay the scheduling process!)

- ☐ Patient Demographic Sheet (that includes insurance information)
- ☐ Treating Doctor's Initial Evaluation, Office Visit Notes
- ☐ Diagnostics Reports (MRI's, EMG's, Labs, X-rays, CT's, Discograms, Myelograms)

REFERRAL TYPE (select all that apply)

- ☐ Medical Weight Loss
- ☐ Physical Therapy
- ☐ Functional Training
- ☐ Chiropractic Care
- ☐ Dietary Counseling
- ☐ Medical Massage Therapy
- ☐ Functional Medicine/Supplements
- ☐ Personal Injury or Workers comp
- ☐ Migraines/Headache Treatment
- ☐ Spinal Decompression
- ☐ NCV/EMG Study
- ☐ Comprehensive Labs
- ☐ Cardiovascular Testing (EKG,Ultrasound, ABL testing)

Additional Comments or Notes:

Police Report Date (if any): _____

Description of Accident: _____

Physician Signature:: _____