



Patient referral

In-network: Traditional Medicare, BCBS / Anthem, Tricare. **Also accepted:** self-pay, personal injury (Letter of Protection, Auto MedPay) and Workers' Comp. Urgent visits within 48 hours. Evaluation summary faxed to you within 48 hours of the first visit.

PATIENT

Patient name _____ Date of birth _____ Patient phone _____

Diagnosis / ICD-10 _____

Reason for referral, history and precautions _____

ORDERS

☐ **Evaluate & treat** ☐ Vestibular rehabilitation ☐ Per surgeon's protocol ☐ Per PT plan of care

VERTIGO, BALANCE AND CONCUSSION

☐ BPPV (positional vertigo) ☐ Vestibular neuritis ☐ Labyrinthitis ☐ Unilateral hypofunction
☐ Vestibular migraine ☐ Cervicogenic dizziness ☐ PPPD ☐ Concussion / PCS
☐ Ménière's disease ☐ Bilateral hypofunction ☐ Mal de Débarquement ☐ Balance and fall risk

NECK AND SPINE

☐ Neck pain / headache ☐ Cervical radiculopathy ☐ Whiplash / auto injury ☐ Herniated or bulging disc
☐ Low back pain ☐ Sciatica / radiculopathy ☐ Persistent (chronic) pain ☐ Other: _____

SPINE SURGERY REHABILITATION

☐ Cervical (ACDF / ADR) ☐ Lumbar fusion ☐ Discectomy ☐ Laminectomy

Surgery date _____ Surgeon _____

PAYMENT

☐ Traditional Medicare ☐ BCBS / Anthem ☐ Tricare ☐ Self-pay
☐ PI / Letter of Protection ☐ Auto MedPay ☐ Workers' Comp ☐ Other: _____

Member or claim number _____ Date of injury _____ Attorney / adjuster and phone _____

PREFERRED CLINIC

☐ Cumming ☐ Alpharetta ☐ Either / first available

REFERRED BY

Name _____ Practice or law firm _____ NPI (providers) _____

Phone _____ Fax _____ Signature _____ Date _____