

PATIENT REFERRAL FORM

ARLINGTON

6407 S Cooper Street, Suite 133,
Arlington, TX 76001.

MID-CITIES

800 Forest Oaks Lane Suite B
Hurst, TX 76053

FRISCO

16100 State Highway 121 Suite 110
Frisco, TX 75035

Today's Date:

Location Referring to: Arlington Mid-Cities Frisco

Patient Name:

DOB:

Patient Phone #:

Email:

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)

- Chiropractic Care
- DOT Exam & Certification
- Functional Medicine
- Functional Rehabilitation
- Medical Massage Therapy
- Weight Loss
- Return to Work
- Migraines/Headache Treatment
- Nutritional Counseling
- Personal Injury
- Physical Performance Exam
- Physical Rehabilitation
- Pre-Employment Physicals (Drug, Hearing & Vision Testing)
- Pre/Post Surgical Program
- Workers Compensation
- Spinal Decompression
- Aspen Class IV Laser
- Other

ADDITIONAL COMMENTS OR NOTES:

Physician Signature: _____