

PLEASE FAX REFERRALS TO: 702.962.2321

Questions about physiatry services offered by our clinic? PLEASE CALL: 702.962.2320

PATIENT CONSULTATION REQUEST

Date of Referral: ___ / ___ / ___ Appointment Urgency: ASAP 1-2 weeks Next Avail

PATIENT INFORMATION

REFERRING PROVIDER

Patient Name: _____

Provider Name: _____

Address: _____

Clinic Name: _____

City: _____ State: _____ Zip _____

Address: _____

Contact Number: _____

City: _____ State: _____ Zip _____

Email Address: _____

Contact: _____

Insurance: _____

Phone Number: _____

Group Number: _____

Fax Number: _____

Policy Number: _____

Email Address: _____

Provider Signature: _____

REASON FOR CONSULTATION REQUEST

Patient Diagnosis-es: _____

ICD-10 Code: _____

- Difficulties with Mobility, Self Care and Other Activities of Daily Living (ADLs)
- Therapy needs (Physical Therapy, Occupational Therapy, Speech Therapy)
- Bracing/Orthosis/Wheelchair/Equipment Needs/Evaluation
- Ultrasound Guided Joint, Nerve, and Soft Tissue Injections
- Amputation Care and Management of Prosthesis
- Spasticity Management/Botulinum NT Injection
- Spinal Care, Back, Neck, Thoracic, SI Joint
- Spinal Cord Injury Care & Rehabilitation
- Motion Analysis/Disorders of Gait
- Orthopedic Rehabilitation
- Sports Medicine Rehabilitation
- Foot/Ankle Care
- Hip/Knee Care
- Balance Problems/Clumsiness/Falls
- Electromyography/Nerve Conduction Study (EMG)
 - Entrapment Neuropathies
 - Peripheral Neuropathies
 - Cervical Radiculopathy
 - Neuromuscular Disorder
 - Lumbosacral Plexopathy
 - Motor Neuron Disease
 - Lumbar Radiculopathy
 - Myopathy
 - Brachial Plexopathy
- Study Only Follow-Up w Referring Provider
- Follow-Up w Physiatry for Medical Management
- Stroke Rehabilitation
- Brain Injury Rehabilitation
- Rehabilitative Care Neurologic Disorders
- Concussion Management
- Shoulder/Elbow/Wrist/Hand Care
- Regenerative Medicine PRP Injections

