DANIELS CHIROPRACTIC

Patient Referral

2609 Rapids Drive, Racine, WI 53404
Call or text (262) 638-9999
Fax (262) 638-0742

PATIENT

Name _____ DOB _____

Phone _____ Preferred doctor _____

REASON FOR REFERRAL

Diagnosis _____

_____

ICD-10 _____ Urgency ☐ Routine ☐ Expedite

REQUESTED CARE

☐ **Evaluate and treat per your judgment**

☐ Chiropractic adjusting
☐ Class IV laser therapy
☐ Electrical muscle stimulation (EMS)
☐ Other _____
☐ Dry needling
☐ Shockwave technology
☐ Myofascial release

PRECAUTIONS

☐ Anticoagulants
☐ Active malignancy
☐ Pacemaker
☐ Pregnancy
☐ Recent surgery
☐ Other _____

NOTES

_____

_____

☐ Please send me summaries after the initial evaluation and at discharge

REFERRING PROVIDER

Name _____ Practice _____

Phone _____ Fax _____

Signature _____ Date _____

Fax to (262) 638-0742, or the patient can bring this form.
We'll contact the patient to schedule. · danielsdc.com

Confidential: contains protected health information. If received in error, please notify us and destroy.