LANG CHIROPRACTIC

22099 US Highway 72 E, Suite G
Athens, Alabama 35613
(P) (256) 444-1600
(F) (256) 444-4156

Patient Referral Sheet

Patient Name: _____ **Phone**: _____

Diagnosis: _____ **DX:**_____

Physician's Office Number: _____ **Fax:** _____

Name: _____

_____

☐ Frequency ☐ 2x/Week ☐ 3x/Week ☐ Daily ☐ Other: _____

☐ Duration ☐ 2 Weeks ☐ 4 Weeks ☐ 6 Weeks ☐ Other: _____

Therapy Services (Circle All That Apply)

☐ Evaluate & Treat
☐ Functional Movement Screen
☐ Scoliosis Assessment
☐ Spinal Decompression
☐ Nutritional Consult
☐ Spinal Adjusting
☐ Passive Modalities
☐ Postural Correction
☐ Trigger Point Therapy
☐ TMJ Evaluation
☐ Custom Orthotics
☐ Headache Assessment

Other Instructions: _____

_____ (Physician's Name Print)

_____ (Signature) _____ (Date)