

OGLETHORPE MEDICAL CENTER

315 Commercial Drive, Unit C-3, Savannah, GA 31406
Phone (912) 354-5049

Please Fax To: (404) 943-9975

Date _____

Referral

Referring Doctor _____ Phone # _____ Fax # _____

Appointment Date _____ Time _____ am / pm Please call patient to schedule appointment.

Patient's Name _____

Home # _____ Cell # _____ Work # _____

AUTO ACCIDENT? Yes No

WORKER'S COMP? Yes No

SLIP & FALL? Yes No

Other _____

DATE OF
ACCIDENT/INJURY _____

Diagnosis/Complaints

_____ Cervical St. / Sp.

_____ Concussion

_____ Visual disturbance

_____ Headaches

_____ Face/Jaw pain

_____ Shoulder L R B

_____ Other _____

_____ Arm / Hand L R B

_____ Thoracic St. / Sp.

_____ Abdominal pain

_____ Rib Ant / Post L R B

_____ Lumbar St. / Sp.

_____ Hip pain L R B

_____ Leg / Knee L R B

_____ Ankle / Foot L R B

_____ Radiculitis ↑ ↓ L R B

_____ Numbness ↑ ↓ L R B

_____ Muscle spasm C L T

_____ Anxiety / Insomnia

Insurance / Attorney Information

LEIN, no insurance

Health Insurance Co: _____ ID # _____ Phone # _____

Med Pay Co: _____ \$ Amount _____ Phone # _____

(Complete if Med Pay or W/C case)

Adjuster Name _____ Claim # _____

ATTORNEY NAME _____ Phone # _____

Referred for possible:

_____ Evaluation

_____ Medication

_____ Corticosteroid (Trigger Pt.) Injection(s)

_____ Epidural / Facet Injection(s)

_____ MRI Recommendation

_____ Neurology Consult

_____ Orthopedic Consult

_____ Pain Management Consult

_____ Plastic Surgery Consult

_____ NVC / EMG

_____ Recommendation for
continued Chiropractic Rehabilitation

_____ Impairment Rating

_____ Other _____

Comments/Findings _____

These are the present treatments that we have administered:

_____ Manipulation / Mobilization

_____ Decompression Therapy

_____ Flexibility / Stretching

_____ Balance / Coordination

_____ TENS Unit

_____ Strengthening

_____ Electric Muscle Stimulation

_____ Stabilization

_____ Heat/Ice

_____ Other _____

Doctor Signature _____