

# Regional Medical Group, LLC

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Date \_\_\_\_\_

Please photocopy map on reverse side for your patient.

## 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

LIEN, 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 \_\_\_\_\_