

Physical Therapy Referral Form

Thank you for entrusting Central Indiana Orthopedics Physical Therapy with your patients. To refer a patient, please complete this form and fax to 317-558-0706. To speak with a referral specialist, please call 317-558-3740. We will contact your patient directly within 24 hours to schedule an appointment. Thank you!

Today's date: _____

Patient name: _____ Patient date of birth: _____

Patient phone number: _____ Patient email address: _____

Patient address: _____

Primary insurance: _____

Symptoms/diagnosis: _____

How did this injury occur: N/A Work-Related Injury Other:

Referring Provider: _____

Referring Provider Phone Number: _____

Referring Providing Fax Number: _____

Appointment Time Frame: Urgent Within _____ Weeks Non-Urgent

Records Attached: Yes No