

Fishers Physical Therapy Referral Form

Thank you for entrusting Central Indiana Orthopedics Fishers 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/Diagnosis code: \_\_\_\_\_

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

Referring Provider Signature: \_\_\_\_\_