

Dr. Karen Gardner
Chiropractic Referral Form
NPI# [REDACTED]

(123)456-7890

www.pregnancychiropractic.com

Offices in Town 1 and Town 2, PA

_____	_____
Patient's Name	Phone
_____	_____
Address	Birth Date
_____	_____
	E-mail

Clinical Details	
<input type="checkbox"/> Evaluate	<input type="checkbox"/> Monitor
	<input type="checkbox"/> Treat
(Check all that apply)	
<input type="checkbox"/> Cervicalgia	<input type="checkbox"/> Upper Extremity
<input type="checkbox"/> Headaches	<input type="checkbox"/> Lower extremity
<input type="checkbox"/> Migraine	<input type="checkbox"/> TMJ Pain/Dysfunction
<input type="checkbox"/> Sinus	<input type="checkbox"/> Symphysis Pubis Pain/Dysfunction
<input type="checkbox"/> Tension	
<input type="checkbox"/> _____	
<input type="checkbox"/> Thoracic Pain	Is the Patient Pregnant?
<input type="checkbox"/> Lumbar Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sacroiliac Pain	<input type="checkbox"/> Breech Presentation
<input type="checkbox"/> Hip Pain	<input type="checkbox"/> Transverse Presentation
<input type="checkbox"/> Sciatic Neuralgia	<input type="checkbox"/> Posterior (OP) Presentation
<input type="checkbox"/> _____	<input type="checkbox"/> Backache of Pregnancy
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

By Phone By Fax By Email

Referring Provider Name	

Address	

Phone Number	Fax Number
_____	_____
E-mail address	

Patient
Instructions

- Please call (123)456-7890 to schedule your appointment
- We do not accept insurance. You will be provided a very detailed receipt that will allow you to be reimbursed directly from your insurance carrier if they cover chiropractic care in our office.
- We do accept personal checks, cash and credit cards.
- If you are unable to keep your appointment, kindly give us 24 hours notice.
- If possible, any forms you will need to fill out will be emailed to you so that you may fill them out at your leisure. Please be sure to bring those forms with you on your first visit.
 - If you forget your forms, please notify us immediately upon arriving so that you can fill them out prior to seeing the doctor.
- We have two office s to serve you. One is located in near Newtown, Bucks County (between Newtown and Doylestown) and one is located in Huntingdon Valley, Montgomery County. Kindly indicate which office best suits your needs.

Office 1
123 Main St
Town Name, PA 12345

Office 2
123 Main St.
Town Name2 , PA 45678

drkaren@pregchiro.com
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