



NWA PHYSIATRY

OUTPATIENT PM&R REFERRAL

Fax referrals to 479-302-7040 • Questions: 479-302-7040

Patient name:	DOB:
Phone:	Alternate phone:
Address:	City/State/ZIP:

INSURANCE

Primary insurance:	Member/ID #:
--------------------	--------------

REASON FOR REFERRAL (check all that apply)

☐ Neurologic rehabilitation including vestibular dysfunction/balance	☐ Spasticity / abnormal tone / dystonia
☐ Stroke rehabilitation	☐ Brain injury/Concussion rehabilitation
☐ Spinal cord injury rehabilitation	☐ Parkinson's / movement-related functional needs
☐ Multiple sclerosis rehabilitation needs	☐ Cerebral palsy / adult functional needs
☐ Amputee / prosthetic rehabilitation	☐ Residual limb / phantom limb symptoms
☐ Musculoskeletal / joint / tendon problem	☐ Myofascial pain / trigger point evaluation
☐ Wheelchair / mobility / orthotic / prosthetic needs	☐ Post-hospital / post-inpatient-rehab follow-up
☐ Evaluation for Botox including spasticity, dystonia, Chronic migraine	☐ Neurogenic Bowel and Bladder

☐ Other / clinical question: _____

Primary diagnosis: _____

Clinical details / functional concern: _____

PLEASE SEND WITH REFERRAL (when available)

☐ Demographics / face sheet	☐ Front & back of insurance card
☐ Most recent relevant office/hospital note	☐ Relevant imaging / test reports
☐ Current medication list	☐ Therapy / rehab / discharge notes, if relevant

REFERRING CLINIC / PROVIDER

Referring provider:	
Clinic / organization:	Phone:
Referral contact:	Fax:

Scheduling priority: ☐ Routine ☐ Soon / time-sensitive ☐ Please call referring clinician

Requested physician-to-physician discussion / best callback number: _____

NWA Physiatry will contact the patient to complete intake and scheduling after the referral is received.

nwapphysiatry.com | Phone/Fax 479-302-7040 | admin@nwapphysiatry.com