

Chiropractor Referral



Phone: 651-646-7246

Fax: 651-641-0726

1600 University Ave.

Suite 10

St. Paul, MN 55104

Patient Name: _____

DOB: _____ Phone Number: () _____

Email: _____

Onset/DOI: _____

Diagnosis: _____

Need an Interpreter? Yes No Language: _____

Medical Services

Physical Medicine Evaluation with Dr. Mark Agre, MD, MS, DABPMR

Electrodiagnostics/EMG/NCS with Dr. Mark Agre, MD, MS, DABPMR

Reason for study: _____

Injury Testing with Med-X

Cervical injury testing

Lumbar injury testing

Other Specialty Programs and Services from IMPACT (provided by Physical and/or Occupational Therapists):

- Aquatic Therapy
- Bike Fit
- Functional Capacity Evaluation (FCE)
 - Full (Baseline Abilities & Limitations)
 - Job Specific (Limited)
- Hand/Wrist Splinting
- Iontophoresis with Dexamethasone
- Women's or Men's Health/Pelvic Floor Therapy
- Pilates Mat/Reformer Rehabilitation
- Postural Restoration
- Pregnancy/Post-Partum Program
- Custom Foot Orthotics - *by a Certified Orthotist*
 - Extra Depth Footwear - *by a Certified Orthotist*
- Ergonomics Evaluation
- Equipment
 - Home TENS unit
 - Home Traction Device (Cervical/Lumbar)
 - ADL/Adaptive Equip: _____

Please list any services you would like for your patient here: _____

Clinic Name: _____ Clinic Phone Number: () _____

Signature: _____ Date: _____ Provider Name: _____