

# Oliver Chiropractic

Herbert W. Oliver DC

5515 W. Overland Road

Boise, ID 83705

(208) 376-3111 Fax 376-3175

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## *Rx for Chiropractic Care: Physician Referral*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Patient's condition: Diagnosis: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Mechanical lower back pain   | <input type="checkbox"/> Thoracic Pain            |
| <input type="checkbox"/> Sprain/strain injury (C-T-L) | <input type="checkbox"/> Thoracic Outlet Syndrome |
| <input type="checkbox"/> Myofascial pain              | <input type="checkbox"/> Fibromyalgia             |
| <input type="checkbox"/> Facet Joint Dysfunction      | <input type="checkbox"/> Carpal Tunnel Syndrome   |
| <input type="checkbox"/> SI Joint Dysfunction         | <input type="checkbox"/> Extremity Pain           |
| <input type="checkbox"/> Disc Injury/Bulge/HNP        | <input type="checkbox"/> TMJ Evaluation           |
| <input type="checkbox"/> Sciatic Neuritis             | <input type="checkbox"/> Chronic Pain Syndrome    |
| <input type="checkbox"/> Neck Pain/ Whiplash          | <input type="checkbox"/> Other: _____             |

Please provide the following service(s):

- Evaluate and treat\X-ray
- Consult/Second Opinion Only
- Number of visits requested or date range: \_\_\_\_\_.
- Spinal Manipulation
- Myofascial Release
- Soft tissue/trigger point therapy
- Physical therapy modalities
- Rehabilitation / Supervised Exercise
- Other \_\_\_\_\_

Referring Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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**FAX TO 208.376.3111**