



# LAUNCH

## THERAPY CLINIC

314 Highland Lick Rd. Russellville, KY 42276

(270) 238 - 3782

### NEW PATIENT REFERRAL FORM

FAX TO: 270-238-3301

#### PHYSICIAN INFO:

REFERRING DOCTOR:	PHONE:
CLINIC NAME / OFFICE CONTACT:	FAX:

#### PATIENT INFO:

PATIENT:	DOB:
PARENT/GUARDIAN:	PHONE:
INSURANCE: ID:	GROUP:
<b>DIAGNOSIS (REQUIRED):</b>	<b>ICD-10:</b>

#### SERVICES:

EVALUATE AND TREAT (CHECK ALL THERAPIES REQUESTING)

☐ OCCUPATIONAL THERAPY   ☐ PHYSICAL THERAPY   ☐ SPEECH THERAPY

☐ SPECIFIC CONCERN AND/OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Let us know what times are preferred!

Mon.  
A.M. P.M.

Tue.  
A.M. P.M.

Wed.  
A.M. P.M.

Thur.  
A.M. P.M.

Fri.  
A.M. P.M.