



# FYZICAL®

## Dizziness & Fall Prevention Centers

*Ancillary Service of Midwest Ear Nose and Throat in Owensboro, KY*

### PATIENT REFERRAL FORM

DATE: \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_

REFERRING PHYSICIAN SIGNATURE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHYSICIAN OFFICE PHONE #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PATIENT PHONE #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

PATIENT INSURANCE: \_\_\_\_\_

#### REASON FOR CONSULT:

Dizziness\_\_\_ Imbalance\_\_\_ Fall Risk\_\_\_ Concussion\_\_\_ Other: \_\_\_\_\_

**\*\* Please, fax patient insurance cards, office notes, labs, and radiology reports regarding diagnosis\*\***

Patients must bring a copy of photo ID, insurance card, and all medications (or complete list) to their appointment

\*Please fax form to (270) 240-3081\*