



Helping People Maximize Their Potential Through
Physical Health, Fitness, and Performance.

Referral Form

Date: _____

Patient Name: _____

Diagnosis: _____

Location: Grants Pass Medford Cave Junction

Requested Tx: Chiropractic Physical Therapy
 Massage Therapy Personal Training

Recommendation: Evaluate & Treat
 Other: _____

Tx Frequency: Total Visits: _____
 Visits per Week: _____
 Other: _____

Please Send: Initial Evaluation Note
 Progress Evaluation Notes
 Attendance/Compliance Log
 Disability Recommendations
 Other: _____

Physician Signature: _____

Printed Name: _____ **NPI#:** _____

Grants Pass
1328 NW 6th St.,
Grants Pass, OR 97526
P: 541.476.4010
F: 541.474.6310

Medford
3522 Heathrow Way,
Medford, OR 97504
P: 541.200.3005
F: 541.862.5635

Cave Junction
202 W Lister St.,
Cave Junction, OR 97523
P: 541.592.6220
F: 541.592.6375