



3060 Windsor Ct, Elkhart, IN 46514
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Orlando Landrum, MD

Date: _____

REFERRAL FORM

CHECKLIST

Face Sheet: Patient personal information, insurance, etc...

Imaging Reports: X-ray, CT, MRI reports

Office Notes: Pertaining to the patient's behavioral health

Medication List: Current medications

REFERRING PHYSICIAN OFFICE:

PHONE: _____

FAX: _____

PATIENT'S NAME: _____

DOB: _____

PHONE: _____

DIAGNOSIS/REASON FOR REFERRAL:

Depression

Anxiety

OCD

PTSD

Other: _____

Lumbar Spondylosis (back or neck arthritis)

Lumbar Radiculopathy (sciatica/ shooting pain down limb)

Spinal Stenosis (pain when standing)

Disc Bulge

Vertebral Fracture

Knee/Hip/Shoulder Pain or Arthritis