

# SpineCare

CHIROPRACTIC MEDICINE /  
INTERVENTIONAL PAIN MANAGEMENT

PHONE - (256) 461.7775

**Madison**

Fax (256) 584-2756  
12205 County Line Road Suite D  
(See Map On Back)

**Huntsville**

Fax (256) 584-2756  
810 Shoney Drive, Suite 105  
(See Map On Back)

Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Patient Phone \_\_\_\_\_ Patient DOB \_\_\_\_\_

Referring Physician \_\_\_\_\_

Referring Physician Phone \_\_\_\_\_ Referring Physician Fax \_\_\_\_\_

Reason For Referral \_\_\_\_\_

## CHIROPRACTIC MEDICINE

### Lumbar Spine / Pelvis

- Evaluation & Treatment
- Exercise: ROM/Stabilization/Strength
- Mobilization/Manipulation
- Modality:
- Other:

### Arthritic Spine

- Evaluation & Treatment
- Exercise: ROM/Stabilization/Strength
- Mobilization/Manipulation
- Modality:
- Other:

### Cervical Spine / Headache

- Evaluation & Treatment
- Exercise: ROM/Stabilization/Strength
- Mobilization/Manipulation
- Modality:
- Other:

### Sports Injury

- Evaluation & Treatment
- Exercise: ROM/Stabilization/Strength
- Mobilization/Manipulation
- Modality:
- Other:

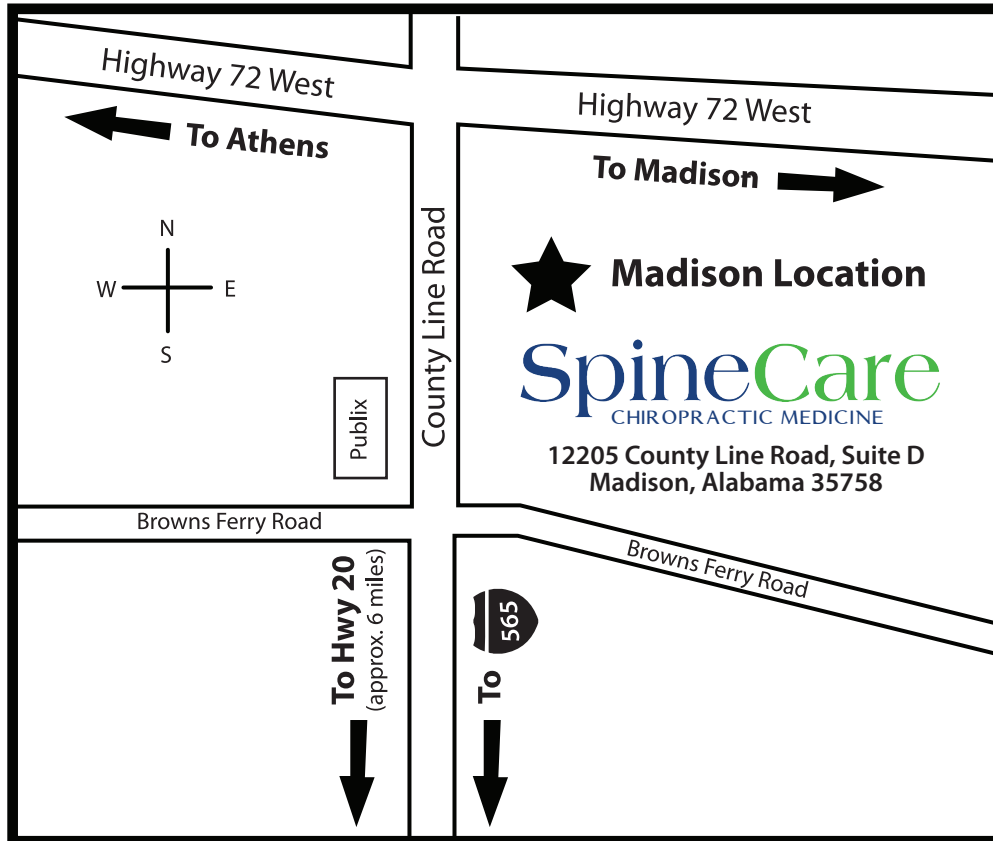
Comments: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax Referral to: 256-584-2756

*Thank you for your trust in caring for your patient*

# Madison Office



# Huntsville Office

