Compass Rehabilitation
A Division of Compass Health

250 E SAGINAW STREET
EAST LANSING, MI 48823
517 337-3080 (P)
517 337-3082 (F)

INTERNAL REFERRAL REQUEST

□ PMR □ Pain Psychology/Bariatric/Fusion Psychological Eval
(Circle one above)
□ Chiropractic □ Sports Medicine/OMM

□ Massage Therapy □ Acupuncture

Service Requested:

□ Physical Therapy (Eval & Treat) □ Occupational Therapy (Eval & Treat)

□ Physical Therapy Pregnancy Program □ Functional Capacity Evaluation

□ Fusion Protocol

Frequency _____ (days per week) Duration_____ (no. of weeks)

Patient Name: _____

Date of Birth: _____ **Account number**: _____

ICD 10 Diagnosis / Reason for Referral: _____

_____

Referring Physician Signature: _____

Referring Physician Name: _____

Date: _____ **Contact person**: _____

Physical Medicine & Rehabilitation
Ryan Topham, MD
Michael T. Wheeler, DO
Curt J. Winnie, MD

Pain Psychology
John A. Jerome, PhD
Evan Goodman, PhD

Chiropractic
Michael D. Shaheen, DC

Sports Medicine/Osteopathic Manipulative Medicine (OMM)
Brooke Lemmen, DO

Acupuncture

Physical Therapy

Aquatic Therapy

Occupational Therapy

Massage Therapy