



Compass Rehabilitation

A Division of Compass Health

250 E SAGINAW STREET
EAST LANSING, MI 48823

517 337-3080 (P)

517 337-3082 (F)

REFERRAL REQUEST

☐ PMR ☐ Pain Psychology/Bariatric Psychological Eval

☐ Chiropractic ☐ Sports Medicine/OMM ☐ Massage Therapy

☐ Acupuncture

Service Requested: ☐ Consult & Treat

☐ Physical Therapy (Eval & Treat) ☐ Pregnancy back pain- Aquatic Therapy

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

Patient Name: _____

Address: _____

Date of Birth: _____ **Soc. Sec. No.** _____

Home Phone: _____ **Work Phone:** _____

Insurance Information: Please provide a copy of the patient's insurance card(s)

Insurance: _____

Contract Number: _____ **Group Number:** _____

ICD 10 Diagnosis / Reason for Referral: _____

Please provide all relevant medical records including reports from MRI or CT studies if completed.

Referring Physician Signature: _____

Referring Physician Name: _____

Date: _____ **Contact:** _____

Phone: _____ **Fax:** _____

Thank you for the referral of your patient. Please fax to 517-337-3082

We will contact the patient to arrange an appointment and will notify your office of the appointment date and time.

You can also call New Patient Schedulers Direct: 517-664-9210

Our main phone line is: 517-337-3080

Physical Medicine & Rehabilitation

Ryan Topham, MD

Michael T. Wheeler, DO

Curt J. Winnie, MD

Pain Psychology

Evan Goodman, PhD

Physical Therapy

Aquatic Therapy

Massage Therapy

Acupuncture

<http://Compass.Rehab>

Updated 11.09.2023

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