

**Black Diamond Physical Therapy Referral Request**

Please Call for an Appointment or Fax This Form

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**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

*We will contact the patient directly to schedule an appointment after receiving your fax*

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**Details of Request:**

Next Available     Urgent (within one week)     Immediate (within 24hours)

**For immediate appointments, please call our office at (503) 288-4643.**

Please schedule first available appointment with any of the therapists

Specific therapist requested (please mark one):

- Erik Meira, PT, DPT, SCS, CSCS
- Scot Morrison, PT, DPT, OCS, CSCS
- Kathleen Schielstl, PT, DPT, SCS
- Kelly Newman, PT, DPT

Surgery Performed?     Yes     No    DOS: \_\_\_\_\_

Procedure: \_\_\_\_\_

Reason for Referral:

Hip     Knee     Shoulder     Spine     Foot/Ankle     Hand/Wrist

Other/Details: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

You will receive a faxed copy of the consult following the appointment.

In addition, please indicate if you would like a phone call from the therapist consulting on your patient.

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**Contact Information:**

Phone: (503) 288-4643

Fax: (503) 208-7016