

# ANDREWS

## Hand Therapy

## Patient Referral Form

FOR CONDITIONS OF THE ELBOW, WRIST & HAND

### DEMOGRAPHICS

Patient Name: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

**IS THIS A WORK-RELATED INJURY?** Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES:** Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Case Manager Phone: \_\_\_\_\_

### EVALUATE & TREAT

I certify by signature that the following treatment is medically necessary.

Diagnosis: \_\_\_\_\_ Treatment: \_\_\_\_\_

Surgery: \_\_\_\_\_ Splint: \_\_\_\_\_

Frequency/Duration: \_\_\_\_\_ CHT: \_\_\_\_\_ Dry Needling: \_\_\_\_\_

Physician Signature

Date

Physician Name (Print)

### ANDREWS SPORTS MEDICINE | OT / HAND THERAPY LOCATIONS

**BIRMINGHAM**  
805 St. Vincent's Drive  
Birmingham, AL 35205

**PELHAM**  
3143 Pelham Parkway  
Pelham, AL 35124

**TRUSSVILLE**  
7201 Happy Hollow Road  
Trussville, AL 35173

**OT FAX NUMBER | (205) 484-2654**

**OT SCHEDULING | (205) 581-7172**

SCAN QR CODE TO LEARN MORE ABOUT OUR HAND THERAPY SERVICES:



### QUESTIONS?

Kramer Hodges, OT, CHT & Clinical Operations Manager: [kramer.hodges@andrewssm.com](mailto:kramer.hodges@andrewssm.com)

**ANDREWS SPORTS MEDICINE | MAIN PHONE NUMBER: (205) 939-3699**