

# ANDREWS Hand Therapy

## Patient Referral Form

FOR CONDITIONS OF THE ELBOW, WRIST & HAND

**Birmingham • Cullman • Pelham • Trussville**

PLEASE INCLUDE ANY NOTES, HISTORY, DEMOGRAPHICS AND IMAGING REPORTS

### DEMOGRAPHICS

Patient's Name: \_\_\_\_\_

Patient's Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Patient's Phone Number: \_\_\_\_\_

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

### IS THIS A WORK-RELATED INJURY?

☐ Yes ☐ No

If yes, provide information and documents at appointment

### 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

#### ☐ CULLMAN

1303-A BRIDGE CREEK DRIVE NE  
CULLMAN, AL 35055

#### ☐ PELHAM

3143 PELHAM PARKWAY  
PELHAM, AL 35124

#### ☐ TRUSSVILLE

7201 HAPPY HOLLOW ROAD  
TRUSSVILLE, AL 35173

**OT FAX NUMBER: 205-484-2654**  
**OT SCHEDULING NUMBER: 205-581-7172**

### QUESTIONS?

KRAMER HODGES, OT, CHT & DIRECTOR OF HAND THERAPY  
SERVICES: [KRAMER.HODGES@ANDREWSSM.COM](mailto:KRAMER.HODGES@ANDREWSSM.COM)

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



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