

S. Kim Acupuncture & Herb

Acuzen Inc.
527 N Palm Ave, Suite 104
Ontario, CA 91762
Tel: (909) 239-6094
Fax: (909) 966-4684

NPI: _____
Tax ID: _____
S. Kim, L.Ac., DAOM
CA Lic # _____

ACUPUNCTURE REFERRAL

PATIENT INFORMATION

Patient Name: _____ DOB: _____
Phone: _____ Sex: M / F Preferred Language: _____

INSURANCE / WORKERS' COMP

Case Type: Workers' Comp Personal Injury (PI) PPO/HMO Cash Medicare

Insurance Carrier: _____ Date of Injury: _____
Claim #: _____ Authorization #: _____
Adjuster Name: _____ Adjuster Phone: _____

REFERRING PHYSICIAN

Physician Name: _____ NPI: _____
Clinic / Office: _____ Phone: _____
Fax: _____ Follow-up Date: _____ Date of Referral: _____

DIAGNOSIS

ICD-10 Code(s): _____

Pain & Rehabilitation

- Neck
- Lower Back
- Mid/Upper Back
- Shoulder (R / L)
- Elbow (R / L)
- Wrist / Hand (R / L)
- Hip (R / L)
- SI Joint
- Knee (R / L)
- Ankle / Foot (R / L)
- TMJ (R / L)
- Sciatica
- Facial Paralysis (R / L)
- Stroke / CVA Sequelae
- Arthritis
- Fibromyalgia
- Sports Injury
- Neuropathy
- Failed Back Surgery Syndrome
- Carpal Tunnel Syndrome
- Frozen Shoulder
- Plantar Fasciitis

Holistic / General

- Headache / Migraine
- Anxiety / Depression / Stress
- Insomnia / Sleep Disturbance
- Fatigue
- Vertigo / Dizziness
- Tinnitus / Ear Ringing
- Sinus / Allergy
- Asthma / Cough
- Common Cold / Flu
- Constipation / Diarrhea
- Stomach / Digestive
- Skin Problem
- Palpitation
- Addiction (smoking, alcohol, etc.)

Women's Health

- Menstruation Problem
- Menopause Syndrome
- Infertility (complementary)
- UTI / Urinary Dysfunction
- Other: _____

REQUESTED MODALITIES

- | | | |
|---|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Electro-Acupuncture | <input type="checkbox"/> Cupping |
| <input type="checkbox"/> Moxibustion | <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> Neuromuscular Re-education | <input type="checkbox"/> Postural Instruction | <input type="checkbox"/> Kinesio Taping |
| <input type="checkbox"/> Ear-Seeds | <input type="checkbox"/> Herbal Medicine (consultation) | |

FREQUENCY & DURATION

Standard Plan: 3 visits / week x 4 wks 6 wks 8 wks 12 wks

This referral form is for use by referring providers. Patient information should be sent via secure fax. Please verify authorization status before submitting. © Acuzen Inc.

Other Frequency: _____