

Healthpointe Consultation/Treatment Request

CALL (888) 795-0555 FOR ALL QUESTIONS

Patient Name: _____ Today's Date: _____
Patient's Phone: (Work): _____ (Home): _____ (Cell): _____
Patient's SS#: _____ Patient's DOB: _____
Patient's Address: _____
City: _____ State: _____ ZIP: _____ Date of Injury: _____
Requested Appt Date: _____ Requested Appt Time: _____

Office where patient is to be seen: CALL (951) 533-7769 TO SCHEDULE

- | | | |
|--|---|----------------|
| <input type="checkbox"/> Anaheim - | 1717 E. Lincoln Ave., Anaheim, CA 92805. | (714) 635-2642 |
| <input type="checkbox"/> Corona - | 1171 Railroad St., Suite 101, Corona, CA 92882. | (951) 272-1400 |
| <input type="checkbox"/> Garden Grove - | 7052 Orangewood Ave, Suite 6, Garden Grove, CA 92841 | (714) 903-1100 |
| <input type="checkbox"/> Glendale - | 311 N. Verdugo Rd., Glendale, CA 91206 | (626) 960-5361 |
| <input type="checkbox"/> Irwindale - | 5345 Irwindale Ave., Irwindale, CA 91706. | (626) 960-5361 |
| <input type="checkbox"/> Lakewood - | 5722 Bellflower Blvd., Lakewood, CA 90713 | (562) 920-8394 |
| <input type="checkbox"/> La Mirada - | 16702 Valley View Ave., La Mirada, CA 90638. | (562) 921-0341 |
| <input type="checkbox"/> Ontario - | 754 N. Mountain Ave., Ontario, CA 91762. | (909) 983-0474 |
| <input type="checkbox"/> Perris - | 2226 Medical Center Dr., Suite 102, Perris, CA 92571. | (951) 657-6559 |
| <input type="checkbox"/> Temecula - | 28991 Old Town Front St., Suite 104, Temecula, CA 92590 | (951) 699-5282 |

Referring Dr: _____ Attorney: _____
Dr. Address: _____ Atty Address: _____
Dr. City/St/Zip: _____ Atty City/St/Zip: _____
Dr. Phone: _____ Atty Phone: _____
Dr. Fax: _____ Atty Fax: _____
Dr. Email: _____ Atty Email: _____

Services Requested

- Evaluate & Treat
 Evaluate & Co-Treat
 Consultation Only w/ Report
 Specialty: _____

- PT and/or Chiro to be done at Healthpointe
 PT and/or Chiro to be done at (Fill in name):

Dr(s) Requested: _____ **PI-Lien** Worker's Comp.
X-ray Views Taken: _____ PI-Med Pay Health Insurance
MRI's: _____ PI-Health Insurance Medicare

FAX OR ATTACH ALL PATIENT RECORDS!!

Insurance Information

Insurance Co.: _____ Phone: _____
Ins. Address: _____ Policy #: _____
Ins. City/St/Zip: _____ Claim #: _____

Area(s) of Primary Concern & Relevant Clinical History

**Email PI referrals to: PI@healthpointemd.net
Email W/C referrals to: WC@healthpointemd.net**

Fax to (714) 367-5378

FOR ASSISTANCE CALL: Dr. Stephen Herman @ (888) 795-0555