

NW ATLANTA LOCATION

GWINNETT LOCATION



Breathe deep. Heal faster.

HYOX MEDICAL TREATMENT CENTER

REFERRAL FOR TREATMENT

PATIENT INFORMATION

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Sex: M F Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Referring Physician (Print): _____ Specialty: _____

Phone: _____ Fax: _____

CLINICAL INFORMATION

Diagnosis: _____

Past Medical History: _____

Desired Goals: _____

Contraindications: None Other: _____

Allergies: PCN ASA Codeine Other: _____

HYPERBARIC OXYGEN THERAPY

- Carbon Monoxide Poisoning
- Crush Injury/Compartment Syndrome
- Decompression Illness
- Wound, Chronic
- Wound, Diabetic
- Failure of Flap/Skin Graft
- Gas Gangrene
- Ischemias, Acute
- Necrotizing Soft Tissue Infections
- Osteomyelitis, Chronic
- Osteoradionecrosis
- Soft Tissue Radionecrosis
- Other Diagnosis _____

PHYSICAL THERAPY (NW Atlanta Only)

- Abnormality of Gait
- Adhesive Capsulitis
- Amputation _____
- Anodyne
- Carpel Tunnel Syndrome
- Difficulty Walking
- Displacement of Disc
- Dysfunction, Lumbar
- Dysfunction, Sacroiliac
- Foot Drop
- Fracture _____
- Injury _____
- Pain _____
- Rupture, Achilles Tendon
- Weakness, Muscle

RESPIRATORY THERAPY (NW Atlanta Only)

- Asthma
- COPD
- Pneumonia
- Shortness of Breath
- Spirometry
- Transcutaneous Oxygen Measurement

SOCIAL SERVICES (NW Atlanta Only)

- Adjustment to Impairment

Referring Physician Signature: _____ **Date:** _____

NW ATLANTA

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