TRIDENT LAKE HEALTH

Trident Lake Health Inc.
3100 W Ray Rd, Suite 201, Chandler, AZ 85226 | 4140 E Bethena St, Gilbert, AZ 85295
Phone (480) 256-9633 | Fax (480) 631-0526 | info@tridentlakehealth.com | www.tridentlakehealth.com

PROVIDER REFERRAL FORM

Complete all fields that apply, check the services requested, sign, and fax to (480) 631-0526.

PATIENT INFORMATION

Patient Name _____ DOB _____ Sex _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Parent/Guardian/Caregiver _____ Preferred Language _____ Email _____

PROGRAM / SERVICE REQUESTED

Trident Lake Abilities Care (TLAC)

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech-Language Pathology

Trident Lake Home Health (TLHH)

- ☐ Skilled Nursing
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Medical Social Services
- ☐ Home Health Aide

Trident Lake Physical Therapy (TLPT)

- ☐ General PT
- ☐ Chronic Pain / Complex Care
- ☐ Lymphedema
- ☐ Pelvic Health
- ☐ TMJ / Craniofacial
- ☐ Vestibular / Balance
- ☐ Oncology Rehabilitation
- ☐ Other: _____

Visit type:

- ☐ Telehealth
- ☐ Mobile Therapy (in-home / on-site)

CLINICAL INFORMATION

Primary Diagnosis _____ ICD-10 _____

Secondary Diagnosis / Relevant Conditions _____

Reason for Referral / Clinical Concerns _____

Precautions / Restrictions _____ Recent Hospitalization / Surgery _____

INSURANCE INFORMATION

Primary Insurance _____ Member ID _____ Group # _____

Secondary Insurance _____ ☐ Insurance/demographics attached ☐ Self-pay / cash-pay info requested

REFERRING PROVIDER

Provider Name _____ NPI _____ Practice / Facility _____

Phone _____ Fax _____ Email _____

Address _____

PROVIDER ORDER

I am referring the above patient to Trident Lake Health Inc. for evaluation and treatment/services as indicated.

Additional Orders / Frequency / Instructions _____

Provider Signature _____ Date _____

SUPPORTING DOCUMENTS ATTACHED

- ☐ Demographics
- ☐ Insurance information
- ☐ Current medication list
- ☐ H&P / recent clinical notes
- ☐ Hospital discharge summary
- ☐ Imaging / labs

Submit referral: Fax (480) 631-0526 | Phone (480) 256-9633 | info@tridentlakehealth.com | www.tridentlakehealth.com

Confidential: contains protected health information. If received in error, notify the sender and destroy.