NorthLakes
COMMUNITY CLINIC

888.834.4551
nlccwi.org

Referral for Pediatric Therapy Services: Rice Lake Clinic

Patient Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Patient Phone Number: _____

Date of Referral: _____

Please Circle Service Requested: Occupational Therapy Physical Therapy Speech Therapy

Diagnosis (if any): _____

Please check: _____ Evaluate and Treat

Comments/Specific Instructions: _____

Provider Location: _____ Provider Phone Number:_____

Provider Name: _____

Provider Signature:_____

Please fax referral and any pertinent medical records to:
NorthLakes Community Clinic Medical Records Fax Number: 715-318-5638
Any Questions/Concerns Please Call:
NorthLakes Community Clinic Rice Lake Phone Number: 715-719-1010