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There are four ways to refer a patient:

-  Email form to: [referral@stridecare.com](mailto:referral@stridecare.com)
-  Submit digital form online: [StrideCare.com/referral](https://StrideCare.com/referral)
-  Fax form to: **866-946-4085**
-  Submit in your EMR system

PLEASE BE SURE TO INCLUDE:

- ✓ Demographic Sheet
- ✓ Insurance Information
- ✓ History, Physical & Recent Progress Note
- ✓ Prior Test Results (including ABI report if available)

(1) Patient Information

Name:	DOB:
Phone:	Email:

(2) Reason for Referral (please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="radio"/> Lymphedema                  | <input type="radio"/> Vertebral Compression Fracture         | <input type="radio"/> Restless Leg Syndrome  |
| <input type="radio"/> Wound Care                  | <input type="radio"/> Iliac Compression/May-Thurner Syndrome | <input type="radio"/> Venous Ulcers  |
| <input type="radio"/> Uterine Fibroids            | <input type="radio"/> Venous Insufficiency                   | <input type="radio"/> Venous Dermatitis  |
| <input type="radio"/> Peripheral Arterial Disease | <input type="radio"/> Varicose Veins                         | <input type="radio"/> Leg Swelling   |
| <input type="radio"/> Arm Pain/Swelling           | <input type="radio"/> Leg Pain                               | <input type="radio"/> DVT Evaluation   |
| <input type="radio"/> ABI Testing                 | <input type="radio"/> PVR Testing                            | <input type="radio"/> Osteoarthritis/Knee Pain<br><input type="radio"/> Left <input type="radio"/> Right |

**Is this a STAT Issue? If so, please call us at 866-552-4866 for immediate scheduling.**

(3) Patient's Preferred Location

- Clear Lake      251 Medical Center Boulevard, Suite 200, Webster, Texas 77598
- Katy                23510 Kingsland Boulevard, Suite 100, Katy, Texas 77494
- Round Rock      1650 Round Rock Avenue, Suite 100, Round Rock, Texas 78681
- San Antonio      19016 Stone Oak Parkway, Suite 180, San Antonio, Texas 78258
- Sugar Land        4690 Sweetwater Boulevard, Suite 200, Sugar Land, Texas 77479
- The Woodlands   8000 Research Forest Drive, Suite 250, The Woodlands, Texas 77382

(4) Ordering Physician Information

Physician Name:	Clinic Phone:
Office Contact Name:	Clinic Fax:
Date:	

For scheduling, please contact 866.552.4866

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