



PT PROFESSIONALS PHYSICAL THERAPY

Channelview

14705 Woodforest Blvd.
Suite #106
Houston, TX 77015
Phone: 281-452-4200
Fax: 281-452-4220

Please fax this referral with the patient's demographics. We will contact the patient to schedule their appointment.

Patient Name: _____ Date: _____
Patient Phone: (H) _____ (W) _____ (C) _____ DOB: _____
Worker's Compensation: YES NO Adjuster / Case Manager: _____
Diagnosis: _____ ICD Code: _____
Instructions/Precautions: _____

REFERRAL FOR PHYSICAL OR OCCUPATIONAL THERAPY

FREQUENCY: _____ PER WEEK FOR _____ WEEKS

- EVALUATE & TREAT** **CONTINUE THERAPY** **PROVIDE HOME PROGRAM**

AREA TREATED

- Cervical Elbow Wrist Thoracic Leg Knee
 Shoulder Forearm Hand Lumbar Hip Ankle/Foot

PROCEDURES

- A/AAROM Myofascial Release McKenzie Intervention Functional Capacity Evaluations (FCE's)
 Passive ROM Gait Training Spine Stabilization
 Soft Tissue Mobilization Strengthening Kinesio Taping Ergonomic Assessments & Workstation /Adjustment
 Joint Mobilization Proprioceptive Training Work Conditioning

THERAPEUTIC ACTIVITIES

- Wound Management Edema Management Desensitization Other: _____
 Scar Management Pain Management Sensory Re-Education

MODALITIES

- AS NEEDED Iontophoresis/Phonophoresis, RX: _____ Electrical Stimulation: Other: _____
 Ultrasound Home Traction TENS/ IFC rental
 Traction NMES rental

ORTHOTICS

- ___ Custom ___ Static ___ Static Progressive ___ Other: _____

Special Instructions: _____

I hereby certify that the above services have been deemed medically necessary.

UPIN #: _____ Physician Signature: _____ Physician Name (Please Print) _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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JUST A REMINDER

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.

WHAT TO WEAR

- Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.
- If are coming for hand therapy please wear short sleeves.

WHAT TO BRING

(Insurance Forms)

- Referral slip from your doctor.
- PPO/HMO information.
- For worker's comp claim, bring employer information number.