majerus physical & co. therapy

majerus & company physical therapy

PHYSICAL THERAPY REFERRAL FORM

phone: 360.253.4020 **fax: 360.604.9293**

16219 SE 12th St. #100 • Vancouver, WA 98683

www.majeruspt.com

Orthopedic Physical Therapy • Lymphedema • Compression Garments • Golf Rehab/Performance
Car Accidents • Fractures • Total Joints • Sports Injuries • Women's Health • Pilates/V_2Max Plus Reformer

Patient Name:_____ DOB:_____ Patient Phone:_____

DIAGNOSIS	ICD-9 CODE	SPECIAL INSTRUCTIONS

☐ **EVALUATE AND TREAT**

PROGRAMS

- ☐ Back/Neck Rehab
- ☐ Shoulder/Elbow Rehab
- ☐ Knee/Hip Rehab
- ☐ Foot/Ankle Rehab
- ☐ Pelvic Floor Rehab
- ☐ ACL Injury Prevention
- ☐ Running/Gait Evaluation
- ☐ Orthotics
- ☐ Pilates (STOTT PILATES®Certified)
- ☐ Golf Assessment (TPI Certified)
- ☐ Sports Screening/Concussion testing
- ☐ Lymphedema/Other Swelling Reduction
- ☐ Compression Garments ☐ Fit per therapist rec.
- ☐ Strain Counterstrain
- ☐ Other_____

I certify that I have examined the above patient and that the therapies indicated are medically necessary. Services will be furnished by the above provider while the patient is under my care. The established Plan of Care (POC) will be reviewed as the patient's condition requires.

Physician Signature:_____ (printed surname)_____ Date_____

Please fax this form, patient demographics and pertinent chart note to **360.604.9293.** Your patient will be contacted within 24 hours.

Thank you for your referral!

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