



majerus & company physical therapy

PHYSICAL THERAPY REFERRAL FORM

phone: 360.253.4020 fax: 360.604.9293

16111 SE McGillivray Blvd, Ste A, Vancouver, WA 98683

www.majeruspt.com

Orthopedic Physical Therapy • Lymphedema • Post-Surgical Rehab
Car Accidents • Fractures • Golf/Throwing Rehab • Return to Sport • Women's Health

Patient Name: _____ DOB: _____ Patient Phone: _____

DIAGNOSIS ICD-10 CODE SPECIAL INSTRUCTIONS

Lymphedema: [circle] Bilat Lt Rt **ICD-10:** [circle] I89.0 Q82.0 I97.2 I97.89

Body part(s): Glove Sleeve Waist Thigh Below Knee Foot Toecap **Compression:** _____ mmHg

EVALUATE AND TREAT

PROGRAMS

- Neck/Back Rehab
- Shoulder/Elbow Rehab
- Knee/Hip Rehab
- Foot/Ankle Rehab
- Pelvic Floor Rehab
- Thrower's Assessment
- Golf Swing Analysis(TPI)
- Running/Gait Evaluation
- Functional Movement Assessment
- Strain/Counterstrain
- HCPCS:** _____
- Lymphedema/Other Swelling Reduction
- Compression Garments Custom Orthotics
- TMJ Dysfunction/Headaches
- Dispense:** _____

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 48 hours.

Thank you for your referral!

imagine life

squared