



PHYSICAL THERAPY REFERRAL FORM

Please fax this form to location requested fax number provided below to request an appointment for your patient. We will contact your patient, schedule the appointment, and return the form to you with the appointment details.

Patient's Name: _____ Date of Birth: _____

Medical Diagnosis: _____

Patient Phone #: _____ Address: _____

Insurance Provider: _____ Insurance ID#: _____

REFERRING PHYSICIAN _____ NPI _____

PHONE _____ FAX _____

ADDRESS _____

TREATMENT PLAN: PT/OT Eval/Treat

PRECAUTIONS, COMMENTS, AND SPECIFIC ORDERS:

EVALUATE AND TREAT:

Frequency of Visits (Times/Week): _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

Duration (# of Weeks): _____ 1 wk _____ 2 wks _____ 3 wks _____ 4 wks _____ 6-8 wks _____ 10-12 wks

I certify that this treatment is medically necessary:

Physician Signature

Date

PREFERRED CLINIC:

HUNTSVILLE CLINIC
4715 Whitesburg Drive
First Floor
Huntsville, AL 35802
P: (256) 319-8500
F: (256) 319-8503
Mn-Fr: 7am - 6pm

MADISON CLINIC
33 Hughes Road
First Floor
Madison, AL 35758
P: (256) 319-9327
F: (256) 319-9328
Mn-Fr: 7am - 6pm

WINCHESTER RD. CLINIC
2139 Winchester Road NE
Suite B
Huntsville, AL 35811
P: (256) 705-4610
F: (256) 704-4320
Mn-Fr. 8am - 5pm

HAMPTON COVE CLINIC
3101 Mountain Cove Circle
Suite B
Owens Cross Roads, AL 35763
P: (256) 319-8500
F: (256) 319-8503
Mn-Fr: 8am - 5pm

HARVEST CLINIC
5850 Hwy 53
Unit 12
Harvest, AL 35749
P: (256) 319-8510
F: (256) 428-4860
Mn, Wd, Fr: 8am - 5pm

SPORTSMED PERFORMANCE REHAB
(located inside SportsMed Urgent Care)
4715 Whitesburg Drive
Huntsville, AL 35802
P: (256) 705-4139
F: (256) 801-9688
iPhone: 256-585-5151