SportsMED Physical Therapy

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: _____

REFERRING PHYSICIAN _____ NPI _____

PHONE _____ FAX _____

CONTACT _____

ADDRESS _____

TREATMENT PLAN:

☐ Evaluate and Treat as Indicated ☐ Physical Therapy ☐ Occupational Therapy

☐ Hot/Cold Pack
☐ Ultrasound/Phonophoresis
☐ Therapeutic Exercise/Activity
☐ Gait Training
☐ Home Exercise Program
☐ Soft Tissue Mobilization
☐ Traction
☐ Work Conditioning
☐ Electric Stimulation/TENS
☐ Iontophoresis
☐ Coordination/Balance Training
☐ Mobilization/Manual Therapy
☐ R.O.M.: ___ Active ___ Passive

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