

Physical Therapy / Hand Therapy Referral

Dear Patient,

Welcome to Teays Physical Therapy Center! On your first visit, we ask that you dress comfortably and bring your insurance information and this referral sheet. For your convenience, you may download the patient information forms at teaysptcenter.com.

We look forward to seeing you!

Patient's Name _____

Diagnosis _____

ICD-10 Code _____

X-ray or Special Test Results _____

Treatment Goals _____

Improve

- Range of Motion
- Strength
- Endurance
- Safety / Independence
- Gait NWB PWB FWB

Decrease

- Pain
- Swelling
- Paresthesia

Precautions / Comments _____

Splinting / Orthotics _____

Date / Return to Work _____

Date / Return to Physician _____

Physician's Signature _____ Date _____

(Signature verifies medical necessity)

Where You're Treated Like Family.

SPORTS • INDUSTRIAL • ORTHOPEDIC REHABILITATION • HAND THERAPY

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