



**BELLAIRE/MEDICAL CENTER LOCATION**

**Physical Therapy & Hand Therapy**

4009-M Bellaire Boulevard, Houston, TX 77025

Tel 713.839.7800 Fax 713.839.7931

**MISSOURI CITY LOCATION**

**Physical Therapy**

5425 State Hwy 6, Ste D900, Missouri City, TX 77459

Tel 281.208.9200 Fax 281.208.9210

Please fax this referral with the patient's demographics. We will contact the patient to schedule their appointment.

**MEMORIAL CITY LOCATION**

**Physical Therapy & Hand Therapy**

12727 Kimberley Ln., Ste 104, Houston, TX 77024

Tel 713.365.9338 Fax 713.365.9488

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ DOB: \_\_\_\_\_

Worker's Compensation  YES  NO Adjuster / Case Manager: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Instructions/Precautions: \_\_\_\_\_

**REFERRAL FOR PHYSICAL OR OCCUPATIONAL THERAPY**

FREQUENCY: \_\_\_\_\_ PER WEEK FOR \_\_\_\_\_ WEEKS

EVALUATE & TREAT  CONTINUE THERAPY  PROVIDE HOME PROGRAM

**AREA TREATED** \_\_\_\_\_

- Cervical  Elbow  Wrist  Thoracic  Leg  Knee
- Shoulder  Forearm  Hand  Lumbar  Hip  Ankle/Foot

**PROCEDURES**

- A/AAROM  Myofascial Release  McKenzie Intervention  Functional Capacity Evaluations (FCE's)
- Passive ROM  Gait Training  Spine Stabilization  Ergonomic Assessments & Workstation /Adjustment
- Soft Tissue Mobilization  Strengthening  Kinesio Taping
- Joint Mobilization  Proprioceptive Training  Work Conditioning

**THERAPEUTIC ACTIVITIES**

- Wound Management  Edema Management  Desensitization  Other: \_\_\_\_\_
- Scar Management  Pain Management  Sensory Re-Education

**MODALITIES**

- AS NEEDED  Iontophoresis/Phonophoresis, RX: \_\_\_\_\_  Electrical Stimulation:  Other: \_\_\_\_\_
- Ultrasound  Home Traction  TENS/ IFC rental
- Traction  NMES rental

**ORTHOTICS**

\_\_\_ Custom \_\_\_ Static \_\_\_ Static Progressive \_\_\_ Other \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I hereby certify that the above services have been deemed medically necessary.

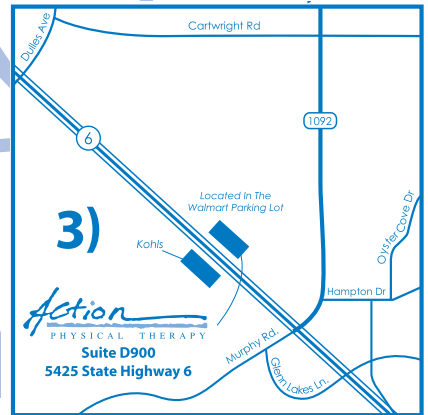
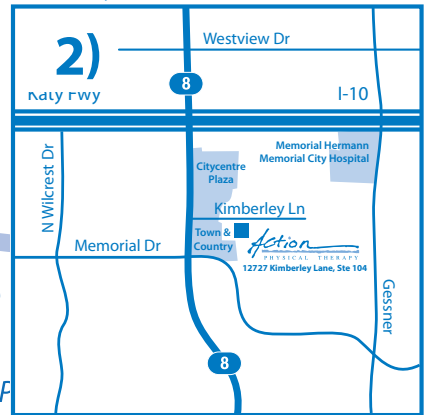
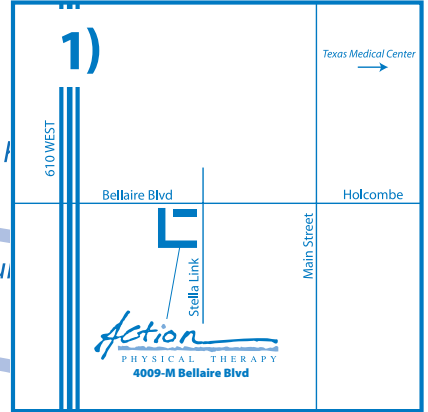
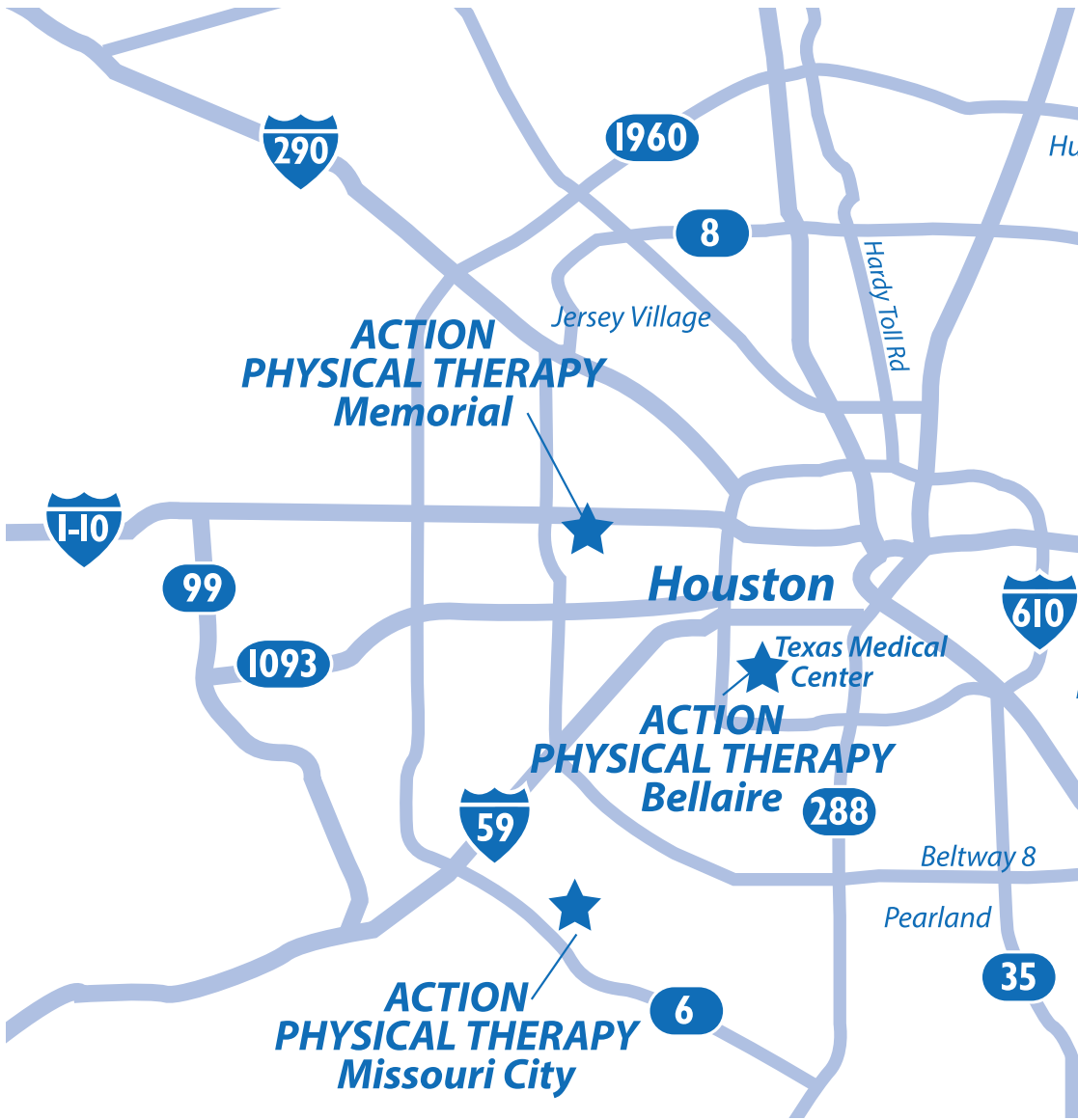
UPIN #: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ Physician Name (Please Print) \_\_\_\_\_

**DO NOT EMAIL PRESCRIPTION** The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

# Action

PHYSICAL THERAPY

www.action-pt.net



**1) BELLAIRE/MEDICAL CENTER LOCATION**  
 4009-M Bellaire Boulevard  
 Houston, TX 77025  
 Tel 713.839.7800  
 Fax 713.839.7931

**2) MEMORIAL CITY LOCATION**  
 12727 Kimberley Lane, Suite 104  
 Houston, TX 77024  
 Tel 713.365.9338  
 Fax 713.365.9488

**3) MISSOURI CITY LOCATION**  
 5425 State Hwy 6, Suite D900  
 Missouri City, TX 77459  
 Tel 281.208.9200  
 Fax 281.208.9210

**JUST A REMINDER**

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.

**WHAT TO WEAR**

- Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.
- If are coming for hand therapy please wear short sleeves.

**WHAT TO BRING (Insurance Forms)**

- Referral slip from your doctor.
- PPO/HMO information.
- For worker's comp claim, bring employer information number.