

# Sacramento Spine & Physical Therapy

*Changing Rehabilitation - Changing Lives*

## REFERRAL FORM

### PATIENT INFORMATION

**Patient Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance: PPO    W/C    Auto    Medicare    Lien    SMF    HMO

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

### REFERRAL INFORMATION

Frequency: 1x    2x    3x    4x    Other \_\_\_\_\_

Duration: 4    6    8    12 weeks    Other \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Evaluate & Treat

### Involved Bodypart(s):

Lumbar \_\_\_\_\_

Cervical \_\_\_\_\_

Thoracic \_\_\_\_\_

Shoulder \_\_\_\_\_

Elbow \_\_\_\_\_

Wrist/Hand \_\_\_\_\_

Knee \_\_\_\_\_

Ankle \_\_\_\_\_

### Special Instructions:

#### Programs

- Functional Restoration/Therapeutic Exercise
- Warm Water Aquatic Therapy (Indoor Pool)
- Spine Stabilization Program
- Manual Therapy     Women's Health (Roseville)

#### Modalities

- Ultrasound     Iontophoresis     Electrical Stimulation
- Heat     Ice     Traction

#### Supplies/Etc.

- Medical Fitness Membership \_\_\_\_\_ Months

#### Comments

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### PHYSICIAN INFORMATION

Treating Physician \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The doctor's signature constitutes this referral as a medical necessity.

### Sacramento Spine & Physical Therapy, Roseville

**phone: 677-1210    fax: 677-1214**

1650 Lead Hill Blvd. #300, Roseville

(Inside the Roseville Health & Wellness Center)

### Sacramento Spine & Physical Therapy, Folsom

**phone: 932-1210    fax: 932-1205**

700 Oak Ave Pkwy, Folsom

(Inside California Family Fitness)

