

# Physical Therapy Referral Form

| Refer to   |                       |                                   |                                       |
|--|-----------------------|-----------------------------------|---------------------------------------|
| Name of Healthcare Provider<br>David Samuels   |                       | Specialty<br>Physical Therapy     |                                       |
| Email<br>david.samuels@example.com   |                       | Preferred Phone Number<br>123-123 |                                       |
| Address<br>55 Example Street   |                       | City<br>New York                  | State<br>NY                           |
|  |                       | Zip Code<br>0121                  |                                       |
| Patient Information  |                       |                                   |                                       |
| First Name<br>Hannah   | Last Name<br>Clifford | Date of Birth<br>09/22/1995       |                                       |
| Email<br>hannahclifford@example.com  |                       | Preferred Phone Number<br>000-999 |                                       |
| Diagnosis of Referring Healthcare Practitioner<br>N/A  |                       |                                   |                                       |
| Medical History<br>Hannah seeking treatment for post-surgical back pain. Pain has been present for approx. 14 days. Surgical procedure occurred 2 months ago. Patient regularly taking anti-inflammatory medication. |                       |                                   |                                       |
| Family History<br>N/A  |                       |                                   |                                       |
| Reason of Referral<br>Hannah is experiencing unexpected pain due to surgical procedure. Targeted strength exercises should reduce pain. Massage therapy may also be beneficial.                                      |                       |                                   |                                       |
| Additional Comment   |                       |                                   |                                       |
| Patient Insurance Information (If Applicable)  |                       |                                   |                                       |
| Insurance Carrier<br>Universal Health  |                       | Insurance Plan<br>A2              | Contact Number<br>456-789             |
| Policy Number<br>B28XY   |                       | Group Number<br>2                 | Social Security Number<br>200-155-876 |
| Referring Clinician Information  |                       |                                   |                                       |
| First Name<br>Fiona  | Last Name<br>Phillips | Specialty<br>General Practice     |                                       |
| Email<br>fiona.phillips@example.com  |                       | Preferred Phone Number<br>000-123 |                                       |

# Sample Physical Therapy Referral Form

**SB Merriam**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the SB Merriam text.

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