



PHYSICAL THERAPY REFERRAL FORM
EVENING & WEEKEND APPOINTMENTS AVAILABLE

Patient Name: _____ Physician: _____
Diagnosis: _____ Employer: _____
Insurer: _____ Date: _____

MOST INSURANCES ACCEPTED, INCLUDING, BUT NOT LIMITED TO:

Aetna • Blue Cross of RI and MA • Cigna • United Health • Medicare
Neighborhood Health • Workers' Compensation of RI & MA

Services / Modalities Requested; Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Body Mechanics Training |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Graded Work Simulation |
| <input type="checkbox"/> Trunk Stabilization Training | <input type="checkbox"/> Ergonomic Education/Coaching |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Chronic Pain Management |
| <input type="checkbox"/> Proprioceptive Training | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Ultrasound/Moist Heat | <input type="checkbox"/> Soft Tissue Mobilization |
| <input type="checkbox"/> Electrotherapy | |
| <input type="checkbox"/> Aquatic Therapy | |

Clinical Restrictions/Contradictions: _____

Pertinent diagnostic testing results: _____

Physician's Signature: _____

TWO CONVENIENT LOCATIONS:

Cranston, RI 02920
1528 Cranston St.
Office: (401) 228-7216
Fax: (401) 228-7218

Providence, RI 02906
100 Highland Ave.
Office: (401) 865-6940
Fax: (401) 865-6645

Aquatic Therapy available here

libertypt@onebox.com
libertyphysicaltherapy.com