Holsman Physical Therapy & Rehabilitation P.C.

855-465-7626 HolsmanPT.com

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
HOME THERAPY VISITS

TREATMENT REFERRAL

PATIENT'S NAME: _____ SS#: _____

PATIENT'S ADDRESS: _____

PATIENT'S PHONE: _____ PATIENT'S D.O.B.: _____

MEDICARE PATIENT: MEDICAL BENEFIT TRADITIONAL PART B: ☐ YES ☐ NO

MEDICARE #: _____

SECONDARY INSURANCE/POLICY _____

OTHER INSURANCE/POLICY #: _____

☐ PT/OT ☐ PT ☐ OT ☐ SPEECH: _____ X/WEEK _____ X WEEKS

DIAGNOSIS: Diagnosis ICD 10 code Needed

MEDICAL PRECAUTIONS

EVALUATE & TREATMENT AS INDICATED

- ☐ Therapeutic Exercise (97110) Balance, Coordination, Proprioception, and Postural Training (97112)
- ☐ Orthotic Fitting and Training (97760)
- ☐ Therapeutic Activities to Improve Function (97530)
- ☐ Joint Mobilization (97140)
- ☐ Speech/Hearing Therapy (92507)
- ☐ Cognitive Skills Development (97532)
- ☐ ADL Training/Safety (97535)
- ☐ Wheel Chair Training (97542)
- ☐ Gait Training (97116)
- ☐ Prosthetic Training (97761) Massage
- ☐ (97124)
- ☐ Clinical Driving and On the Road Assessment as Necessary (97537)
- ☐ Treatment and Swallowing Dysfunction and/or Oral Function for Feeding (92526)
- ☐ Caregiver Ed
- ☐ Community Mobility Issues Home
- ☐ Safety Evaluation
- ☐ Other: _____

I certify these services as medically necessary for the patient's plan of care.

HEALTHCARE PROFESSIONAL NAME: _____

HEALTHCARE PROFESSIONAL ADDRESS: _____

_____

HEALTHCARE PROFESSIONAL NPI #: _____

PHONE: _____

_____ _____

Healthcare Professional's Signature Date

PLEASE FAX to 1-973-759-0557

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