Advance At Home
Physical Therapy House Calls

IN-HOME THERAPY REFERRAL - REQUEST FORM

TEL: (516) 399-0051
FAX: (516) 584-0051
www.AdvanceAtHomePT.com

"Personalized Care with Specialized Therapists"
Serving: Nassau, Suffolk, Queens & Manhattan

PATIENT INFORMATION

Name _____ DOB _____

Address _____ Patient Phone _____

Medicare # _____ Secondary Insurance # _____

☐ Physical / Occupational Therapy ☐ Massage Therapy (Private Pay)

☐ Evaluate & Treat ☐ Continue Therapy

Special Programs:

- ☐ Fall Prevention Training
- ☐ Parkinson's Disease Program
- ☐ Post-Surgical Rehabilitation
- ☐ Cardio/Pulmonary Rehabilitation
- ☐ Spinal Stabilization
- ☐ Balance Improvement Program
- ☐ Home Safety & DME Assessment
- ☐ Residential Solutions/Design for the Medically Compromised

Manual Therapy:

- ☐ Joint Mobilization
- ☐ Massage
- ☐ Myofascial Release
- ☐ Manual Traction
- ☐ _____
- ☐ _____

Therapeutic Exercise:

- ☐ AROM
- ☐ AAROM
- ☐ PROM
- ☐ Flexibility
- ☐ Strengthening
- ☐ Home Exercise Program
- ☐ Gait/ADL Training

Modalities:

- ☐ Moist Heat
- ☐ Ice
- ☐ E-Stim
- ☐ TENS
- ☐ _____
- ☐ _____

Diagnosis/Reason for Referral _____

Additional Notes (Freq/Precautions):

I CERTIFY THAT PHYSICAL THERAPY IS MEDICALLY NECESSARY

_____ _____
Physician Name Phone

_____ _____
Physician Signature Date

Thank you for referring your patient to Advance At Home Physical Therapy!

-- PLEASE FAX BACK TO 516-584-0051 --

Email Form Print Form