



PHYSICAL THERAPY REFERRAL

THErapy ORDERS MUST BE SIGNED BY THE ATTENDING OR OTHER LICENCED PHYSICIAN

BRONX

280 West 231st. Street
Bronx, NY 10463

Tel. (718) 514-6120
Fax (718) 514-6115

1811 Hone Avenue
Bronx, NY 10461

Tel. (718) 518-1133
Fax (718) 518-1244

QUEENS

187-16 Hillside Avenue
Jamaica, NY 11432

Tel. (718) 480-1861
Fax (718) 480-1862

BROOKLYN

2560 Ocean Avenue, Suite 3a
Brooklyn, NY 11229

Tel. (718) 332-4100
Fax (718) 332-4115

MANHATTAN

2235 Frederick Dourlas Blvd.
New York, NY 10027

Tel. (212) 678-2200
Fax (212) 678-2222

610 West 150th. Street
New York, NY 10031

Tel. (212) 281-4400
Fax (212) 281-4600

153 Bennett Avenue
New York, NY 10040

Tel. (212) 928-7800
Fax (212) 928-7900

PATIENT INFORMATION

Date _____

Patient Name: _____

First: _____ Last: _____

Diagnosis: _____

Functional Problem and Reason for Referral: _____

FREQUENCY AND DURATION _____ WEEK FOR _____ WEEKS OR _____ VISITS

PRECAUTIONS: _____

WT BEARING
___ NWB ___ PWB
___ FWB ___ WBAT

THERAPY ORDERS	_____ EVALUATE & TREAT STG/LTG
	<input type="checkbox"/> DECREASED PAIN <input type="checkbox"/> IMPROVED FLEXIBILITY <input type="checkbox"/> IMPROVED STRENGTH <input type="checkbox"/> IMPROVED ENDURANCE <input type="checkbox"/> IMPROVED BALANCE <input type="checkbox"/> PREVENT FALLS <input type="checkbox"/> IMPROVED ADL <input type="checkbox"/> IMPROVED ABILITY <input type="checkbox"/> IMPROVED SIT / STAND / WALK TIME <input type="checkbox"/> RETURN TO WORK <input type="checkbox"/> TO LIFT / CARRY <input type="checkbox"/> _____
	MODALITIES: <input type="checkbox"/> HOT PACK <input type="checkbox"/> COLD PACK <input type="checkbox"/> ESTIM/TENS <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> OTHER
	MANUAL THERAPY: <input type="checkbox"/> MYOFASCIAL RELEASE <input type="checkbox"/> JOIN MOBILIZATION <input type="checkbox"/> MASSAGE <input type="checkbox"/> OTHER
	THERAPEUTIC EXERCISES: <input type="checkbox"/> AROM <input type="checkbox"/> STRENGTHENING <input type="checkbox"/> BALANCE TRAINING <input type="checkbox"/> MCKENZIE <input type="checkbox"/> PROM <input type="checkbox"/> CLOSED CHAIN EXERCISES <input type="checkbox"/> PROPRIOCEPTION <input type="checkbox"/> WILLIAMS <input type="checkbox"/> AAROM <input type="checkbox"/> OPEN CHAIN EXERCISES <input type="checkbox"/> FUNCTIONAL TRAINING <input type="checkbox"/> STRETCHING <input type="checkbox"/> GAIT TRAINING <input type="checkbox"/> TRANSFERS

Referring Physician's Name (Please Print) _____

UPIN# / License # _____

Referring Physician's Signature _____

Attending Physician's Signature _____

We currently participate with the following insurance plans:

- 1199
- 32BJ
- Aetna
- Aetna HMO
- Aetna Life
- Aetna PPO
- Aetna W/C Access Pin
- Aetna/Ortho Net
- Affinity
- Age Well
- Amida Care
- Ameri Choice
- Ameri-Group
- BCBS
- Center Lite
- Cigna
- Department of Labor
- Elder Plan
- Fidelis
- Galaxy Health Network
- GHI HMO
- GHI PPO
- Guildnet
- Integra
- Health Care Partners
- Health First
- Health Net ACS - HMO
- Healthnet Group
- HHH Choice
- Health Plus
- Health Plus/ Amerigroup
- HIP-CMO (Monti)
- HIP (Most Plans)
- Home First by Elder Plan
- Manhattan Physician Group (by HIP)
- Magna-Care
- Medicaid (HMO only, Straight Plan not accepted)
- Medicare
- Metro Plus
- MPN - (The Empire Plan)
- No Fault
- Orthonet LLC (Aetna, Cigna)
- Oxford
- Palladian - (HIP)
- POMCO GROUP
- Rail Road Medicare
- State Insurance Fund
- TouchStone
- UHC Community
- United Health Care
- Village Care Max
- VNS Choice
- VNS Choice/Select Health
- Wellcare
- Worker Compensation

Out of network plans are Welcome.