

Referral instructions:

We encourage patients to obtain a physician referral prior to attending physical therapy to help rule out contraindications (listed below) and assist with insurance reimbursement.

Contraindications include: cancer, hemophilia, abnormal bleeding, blood clotting, immune system disorders (including HIV), active infection or inflammation, abnormal cysts or endometriomas, any condition which may be exacerbated by manual therapy treatment to any part of your body.

Some states require a physician referral
Requirements are noted below:

Florida does not require a referral

California requires referral by a physician (MD or DO), Nurse practitioner (ARNP) or physician assistant (PA)

Indiana requires referral by a physician (MD or DO), Nurse practitioner (ARNP*) or physician assistant (PA*)
*ARNP or *PA referrals must be cosigned by MD or DO

Virginia requires a referral by a physician (MD, DO, DP, DDS, DC), Nurse practitioner (ARNP) or physician assistant (PA) if therapy extends past 14 business days

Your physician can give you a referral on either:

Our referral sheet here by:

- a) checking/noting applicable Diagnosis,
- b) checking the box "Evaluate and Treat"
- c) sign/date on "Physician signature" line

OR

His/her own referral pad by writing physical therapy for pelvic pain, physical therapy for pelvic adhesions, or other diagnosis.

Present your physician referral when you arrive for your first appointment in our California or Indiana clinics. Therapy will not be provided without physician referral where state law requires it.



(352) 336-1433 ph / (866) 222-9437 toll-free
(352) 336-9980 fax

Name _____

Diagnosis:

- Pelvic / abdominal pain
- Pelvic / abdominal adhesions
- Dysmenorrhea / Endometriosis pain
- Dyspareunia / Coccydynia
- Adhesions / Scar release
- Back, Hip, Neck, Head pain
- Fibromyalgia / Myofascial pain
- Mittelshmirz

EVALUATE & TREAT

Comments, significant medical history: _____

Physician's signature _____ date _____

Printed Name: _____

NPI _____

Phone: _____ Fax: _____

Address: _____
