



# Physical Therapy and Wellness Services LLC

Three Locations to Serve YOU BETTER



Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Return to Physician: \_\_\_\_\_

**Suggested frequency:** Begin Therapy for \_\_\_wks. Continue therapy for \_\_\_wks.  
**Duration:**  Until program is complete  Until next MD visit  As per plan of care

Physical Therapy  Auto Accidents  Personal Injury/ Liability  Workers' Comp

Evaluate and Treat as indicated

- |   |   |
|---|---|
| <input type="checkbox"/> EVALUATE AND TREAT                       | <input type="checkbox"/> FUNCTIONAL CAPACITY EVALUATION (FCE) |
| <input type="checkbox"/> ACUTE MUSCULAR-LIGAMENTOUS STRAIN/SPRAIN | <input type="checkbox"/> WORK HARDENING                       |
| <input type="checkbox"/> HERNIATED /BULGING DISC. (ACUTE)         | <input type="checkbox"/> WORK CONDITIONING                    |
| <input type="checkbox"/> ACUTE FACET SPRAIN/STRAIN                | <input type="checkbox"/> ERGONOMIC ASSESSMENT                 |
| <input type="checkbox"/> CHRONIC PAIN WITH DECONDITIONING         | <input type="checkbox"/> VESTIBULAR REHABILITATION            |
| <input type="checkbox"/> POST SURGICAL REHAB. PROGRAM/PROTOCOL    | <input type="checkbox"/> WELLNESS PROGRAM                     |

Precautions/Comments/ Additional Instructions: \_\_\_\_\_

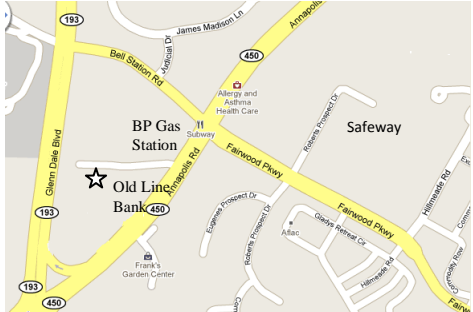
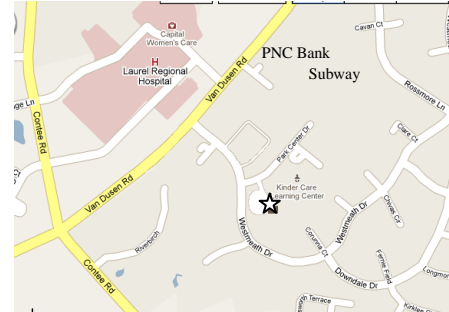
(please use the reverse side)

**Signature:** \_\_\_\_\_

*All new patients will be scheduled pending authorization. We preauthorize all Workers' Comp.*

*Visit our website to download the needed paperwork for the first visit.*

[WWW.CAMPHYSICALTHERAPY.COM/paperwork](http://WWW.CAMPHYSICALTHERAPY.COM/paperwork)



## Hyattsville

3311 Toledo Terrace,  
Suite A-1,  
Hyattsville, MD 20782  
Phone (301) 853.0093

## Laurel

14205 Park Center Drive  
Suite 204,  
Laurel, MD 20707  
Phone (301) 776.9443

## Glenn Dale

12150 Annapolis Rd.,  
Suite 305,  
Glenn Dale, MD 20769  
Phone (301) 464.7390

**PLEASE CALL TO SCHEDULE INITIAL APPOINTMENT**

**Sé habla español**

**PLEASE BRING THE FOLLOWING ON YOUR FIRST VISIT:**

- This referral
- Loose fitting clothing (preferably T-shirt and shorts)
- Complete insurance information

- Please allow yourself extra time to find the center.
- Ample parking is provided.
- Accessible by multiple forms of public transportation.

Learn more about us at...

[www.camphysicaltherapy.com](http://www.camphysicaltherapy.com)



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