

**PATIENT
REFERRAL FORM**

Patient Name: _____

Date of Referral: _____ Referring Physician: _____

Diagnosis: _____

Suggested frequency: Begin therapy for _____ weeks Continue therapy for _____ weeks

Duration (circle one): Until program is complete Until next MD visit As per plan of care

**EVALUATE AND
TREAT AS INDICATED**

- Evaluate and Treat
- Acute Muscular-Ligamentous Strain/Sprain
- Herniated/Bulging Disc (Acute)
- Acute Facet Sprain/Strain
- Chronic Pain with Deconditioning
- Post Surgical Rehab. Program/Protocol
- Vestibular Rehabilitation
- TMJ
- Functional Capacity Evaluation (FCE)
- Work Hardening/Conditioning
- Ergonomic Assessment
- Pediatric Orthopedic Eval/Tx

**We work with and pre-authorize
all Worker's Compensation claims,
Motor Vehicle Accidents, and
legal cases (personal injury)**

To download your paperwork,
visit our website
www.camphysicaltherapy.com/paperwork

LOCATIONS:

| | |
|-----------------------|-----------------|
| Maryland | Delaware |
| Bowie | Newark |
| Glenn Dale | |
| Hyattsville | |
| Laurel | |
| Wheaton/Silver Spring | |

Phone: (301) 853-0093

Phone: (302) 455-8889

Fax: (301) 853-0096

Precautions/Comments/Additional Instructions: _____

Signature: _____

OFFICE LOCATIONS

MARYLAND

Bowie

14300 Gallant Fox Ln. Suite 115
Bowie, MD 20715

 B22, B24

Glenn Dale

12150 Annapolis Road, Suite 305
Glenn Dale, MD 20769

 B24, B25

Hyattsville


3311 Toledo Terrace, Suite A-1
Hyattsville, MD 20782

 Prince George's Plaza Metro (Green Line)

 F4, 6

Laurel


14205 Park Center Drive, Suite 204
Laurel, MD 20707

 Z9, Z29

Wheaton/Silver Spring

2730 University Boulevard West, Suite 802
Wheaton, MD 20902

 Wheaton Metro (Red Line)

 34, 38, 48, C2, C4, Q1, Q2, Q4, Q5, Q6,
Y2, Y7, Y8

DELAWARE

Newark

100 Biddle Avenue
Suite 101
Newark, DE 19702

*All major insurances accepted.
We verify all insurance prior to treatment.*