CAM
Physical Therapy and Wellness Services LLC.
"Where Wellness Is Our Function"

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
- ☐ Work Conditioning
- ☐ Ergonomic Assessment
- ☐ Wellness Program

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:
Hyattsville
Laurel
Glenn Dale/Bowie
Wheaton/Silver Spring

Phone: (301) 853-0093
Fax: (301) 853-0096

Precautions/Comments/Additional Instructions: _____

_____

_____

Signature: _____

Maps to facilities on reverse side. ***Sé Habla Español!***

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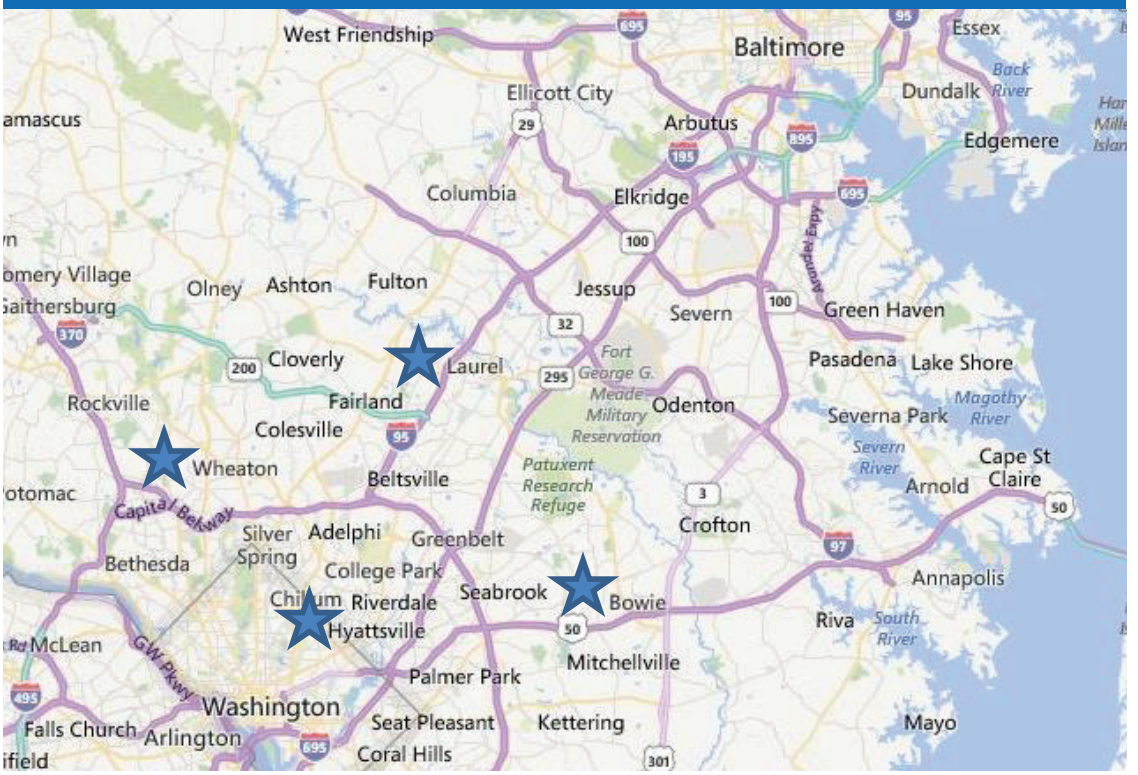
To schedule an appointment call

(301) 853-0093

OFFICE LOCATIONS



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

Prince George's Plaza Metro (Green Line)

F4, 6

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

Glenn Dale/Bowie
12150 Annapolis Road, Suite 305
Glenn Dale, MD 20769

B24, B25

Laurel
14205 Park Center Drive, Suite 204
Laurel, MD 20707

Z9, Z29

www.camphysicaltherapy.com