1129 East Marion Street
Shelby, NC 28150
Ph: 704-471-0001
Fax: 704-471-0004

335 B. West College Av
Boiling Springs, NC 28017
Ph: 704-434-8175
Fax: 704-434-8176

110-9 W. King St.,
Kings Mountain, NC 28086
Ph: 704-739-5995
Fax: 704-739-2442

REFERRAL FOR PHYSICAL/OCCUPATIONAL THERAPY SERVICES
AND LETTER OF MEDICAL NECESSITY

Date: _____

Name: _____ DOB: _____

Phone: _____
Home Cell Work

Diagnosis/ ICD-9: _____

Remarks/Precautions: _____

_____

_____

_____

Frequency/Duration _____ per Therapist Discretion

EVALUATE AND TREAT	PT	OT
MANUAL THERAPY		
THERAPEUTIC EXERCISE		
SPINAL STABILIZATION		
HOME EXERCISE PROGRAM		
HEADACHE / TMJ PROGRAM		
WORK CONDITIONING		
OSTEOPOROSIS PROGRAM		
FOOTWEAR EVAL / ORTHOTICS		
BRACING / SPLINTING		
AQUATIC THERAPY – OT and/or PT		
BACK SCHOOL		
LYMPHEDEMA MGMT.		
GAIT / BALANCE		
ANODYNE NEUROPATHY CARE		
PRESCRIPTION FITNESS PROGRAM		
PELVIC FLOOR PROGRAM		
FUNCTIONAL CAPACITY EXAM		

Social Services needed for this patient? _____ Yes _____ No

In making this referral, physician has determined that Physical and/or Occupational Therapy is a medical necessity.

_____
Physician's Signature