

## PHYSICAL THERAPY REFERRAL FORM

Please print and fax this form to us at **(425) 643-6448**.

It is important to verify the referral procedures required by the patient's insurance policy.  
Please refer to the [Insurance Detail information](#).

We utilize [One Health Port](#) & many other Insurance websites. Most referrals can be completed at these sites. It is the recommended procedure according to the Administrative Simplification Rules. We also appreciate x-rays, MRI's and CT scans if you have them.

Patient Name:

Diagnosis:

Diagnosis Codes:

Precautions:

Frequency of visits/Number of visits/Evaluate and treat:

Physician Signature: