❑Bushnell on the Park - 100 Wells Street • Hartford, Connecticut 06103
(Phone) 860-525-2672 (FAX) 860-727-0897

❑136 West Main Street • New Britain, CT 06052
(Phone) 860-801-6171 (FAX) 860-826-4765

❑290 Roberts Street • East Hartford, CT 06108
(Phone) 860-801-6310 (FAX) 860-206-9988

ORDER FOR PHYSICAL THERAPY

REFERRAL INFORMATION

Today's Date:	Date of Patient's Injury:		Mode of Injury: ❑ MV ❑ MV(PED) ❑ S/F ❑ W/C* ❑ Other
Patient Name:		Gender: ❑ M ❑ F	Referring Physician:
Hospital, Clinic, or PCP Where Pt. was First Seen for this Injury – Name & Location:			
Diagnosis(es):			Frequency of Visits:

*Referring Office has obtained authorization for workers' comp. referral - ❑ *Confirmed*

❑Evaluate & Treat With the Following Recommendations:

❑Patient Education	❑Balance/Coordination	❑Electric Stimulation
❑Therapeutic Exercise	❑Iontophoresis	❑Gait/Transfer/Bed/Mobility Train
❑Massage	❑Moist Heat/Cold Pack	❑Manual Techniques
❑Traction	❑US	❑Paraffin
❑HEP	❑General Functional Condition.	❑Other:_______________________

Specific Clinical Concerns or Requests:

Referring Physician Name:___________________________________ Date of Referral:_______________________

Address:____ Phone Number:_______________________

Referring Physician's Signature:______________________________ Appointment Date & Time:_______________