Mary Bridge Children's Therapy
402 15th Ave. SE, Ste. 100
Puyallup, WA 98372

Mary Bridge Children's Therapy Services

SPORTS MOVEMENT LAB EVALUATION REFERRAL

Please fill out this form in its entirety and return to the CTU Research and Movement Lab

DATE: _____

PATIENT NAME: _____

DOB: _____ AGE: _____

Specific Concerns / Current Problems: _____

_____

Currently in Physical Therapy: ❑ Yes (Complete below) ❑ No

Physical Therapist Name and/or location: _____

..... Physical Therapist/Athletic Trainer/Medical Professional must complete .....

Rx Requested for **sports movement evaluation** for – **Check One**:

- ❑ Return to Play (e.g. surgery, acute injury, etc.)
- X Diagnostic (e.g. chronic pain/injury, failed conservative therapy, injury prevention etc.)
- ❑ Other: _____

Preferred scheduling month: _____

..... Referring Physician's office must complete .....

Effective Date: _____ Expiration Date: _____

Diagnosis: _____ Diagnosis Code: _____

Referring Provider's Signature: _____

Printed Name: _____

Fax: _____

Referring Physician Notes to Lab: _____

_____

Please fax completed form to 253-864-3939, OR enter referral directly into Epic, to MB CTU PUY PHYSICAL THERAPY using REF473 "REFERRAL TO MB SPORT MOVEMENT LAB"

For Internal Office Use Only

Location: Children's Therapy Unit Puyallup Department: **MB PUY CTU MOVEMENT LAB**

Provider Specialty & RefType: Physical Therapy Priority: Urgent, Length of Visit: 2 hours, Referral: Open

CPT Codes: 96000, 96001, 96002, 96004, 97161, 97162, 97163, 97750, 94681, 97112