

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.)
- 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