

East Bay



# ORTHOSOLUTIONS

PHYSICAL THERAPY AND WELLNESS

South Bay

Fax Rx 510.654.4209 or email  
 admin@orthosolutionspt.com

## Patient Referral Form

### Patient Information

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Referring Provider

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

NPI: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Thank you for the confidence  
you have placed in us!***

### Contraindications/ Precautions

### Instructions

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Evaluate and Treat                   | <input type="checkbox"/> Post Stroke Rehabilitation    | <input type="checkbox"/> Functional Rehabilitation              |
| <input type="checkbox"/> Core Strengthening                   | <input type="checkbox"/> Whiplash Related Injuries     | <input type="checkbox"/> Cervicogenic Headaches                 |
| <input type="checkbox"/> Post-Surgical Rehabilitation         | <input type="checkbox"/> Back Pain and Sciatica        | <input type="checkbox"/> Balance and Gait Disorders             |
| <input type="checkbox"/> Injuries from Auto or Work accidents | <input type="checkbox"/> Pre/Postpartum Rehabilitation | <input type="checkbox"/> Neuromuscular Reeducation              |
|   |  | <input type="checkbox"/> Upper and Lower Extremity Dysfunctions |

### Treatment / Modalities

- EMS     Ultrasound     Mechanical Traction  
 Laser     Shockwave

#### East Bay

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#### South Bay

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