

REFERRAL FORM

Patient name: _____

DOB: ___ / ___ / _____ Contact phone: _____

Gender: M F Email: _____

Diagnosis: _____

Evaluate and Treat for the Selected Therapies:

Physical Therapy

Frequency _____ Duration: _____

Specific Requests

Functional Capacity Evaluation

Pelvic Floor Therapy

Aquatic Therapy (Gastonia Clinic Only)

Special Instructions:

Referred by:

(Referring Office)

(Person Requesting Services) (Contact Phone)

(Physician - Printed) (NPI Number)

(Physician Signature) (Date)

Helpful, but Not Required:

Insurance: _____ None

ID# _____ Group#: _____

Contact phone number: _____

North Carolina Clinic Locations

South Charlotte

8700 Pineville Matthews Rd. Suite 540
T: 704-751-0532 F: 704-544-1104

Charlotte - Arrowpoint

9401 Arrowpoint Blvd, Suite 1
T: 704-295-4121 F: 980-349-4031

China Grove

703 Highway 29N
T: 704-859-5040 F: 704-856-8815

Gastonia

2675 Court Dr
T: 704-824-7800 F: 704-824-2822

Gastonia - South

3719 Union Rd
T: 704-830-2136 F: 704-830-2138

Harrisburg

9550 Rocky River Rd Suite 201
T: 980-255-3610 F: 704-526-0680

Highland Creek

13024 Eastfield Rd Suite A600
T: 980-288-5440 F: 704-727-0946

Locust

1800 West Main St
T: 704-781-4090 F: 704-781-5468

Lincolnton

1428 E Main St
T: 704-748-0516 F: 980-389-0044

Mint Hill

7427 Matthews-Min Hill Rd. Suite 103
T: 980-729-6525 F: 980-729-6530

Huntersville

16409 Northcross Dr Suite G
T: 980-495-4940 F: 980-441-8020

Hickory

1899 Tate Blvd SE Ste 2106
T: 828-581-1121 F: 828-282-0852