



www.memphispt.com

**Arlington**  
6050 Airline Road Suite 106  
Arlington, TN 38002  
T. 901-867-8989  
F. 901-867-8757

**Bartlett/ MIRC (FCE)**  
6600 Stage Rd, Ste 129  
Bartlett, TN 38134  
T. 901-371-0732  
F. 901-371-0859

**Downtown**  
440 North Front St., Suite 102  
Memphis, TN 38105  
T. 901-577-9484  
F. 901-577-9483

**East Memphis/ MIRC (FCE)**  
5039 Park Ave, Ste 102  
Memphis, TN 38117  
T. 901-818-9746  
F. 901-818-9741

**Millington**  
8390 Highway 51 N. Suite 101  
Millington, TN 38053  
T. 901-872-6422  
F. 901-872-6497

**DESOTO COUNTY PHYSICAL THERAPY**



**Olive Branch (FCE)**  
7501 Goodman Road, Ste 1  
Olive Branch, MS 38654  
T. 662-890-3382  
F. 662-890-3385  
www.crosscreekpt.com



**Southaven**  
7065 Airways Blvd., Ste 110  
Southaven, MS 38671  
T. 662-349-8997  
F. 662-349-8987  
www.kinetixpt.net

**PATIENT INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ \*copy of insurance card attached  
Referring Physician: \_\_\_\_\_ Office Contact: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**PHYSICAL / OCCUPATIONAL THERAPY PROCEDURES**

Evaluate & Treat       Home Traction Unit       McKenzie Back Program  
 Modalities       Home TENS Unit       Manual Therapy  
 Therapeutic Exercise       HEP       Other \_\_\_\_\_

**WORKER'S COMPENSATION SERVICES**

Work Hardening / Conditioning       Functional Capacity Eval (FCE)

**FREQUENCY/DURATION**

Frequency:  1x/Wk     2x/Wk     3x/Wk     4x/Wk     5x/Wk  
Duration:  1Wk     2Wks     3Wks     4Wks     \_\_\_\_\_     Therapist Discretion

**PROGRAM GOALS**

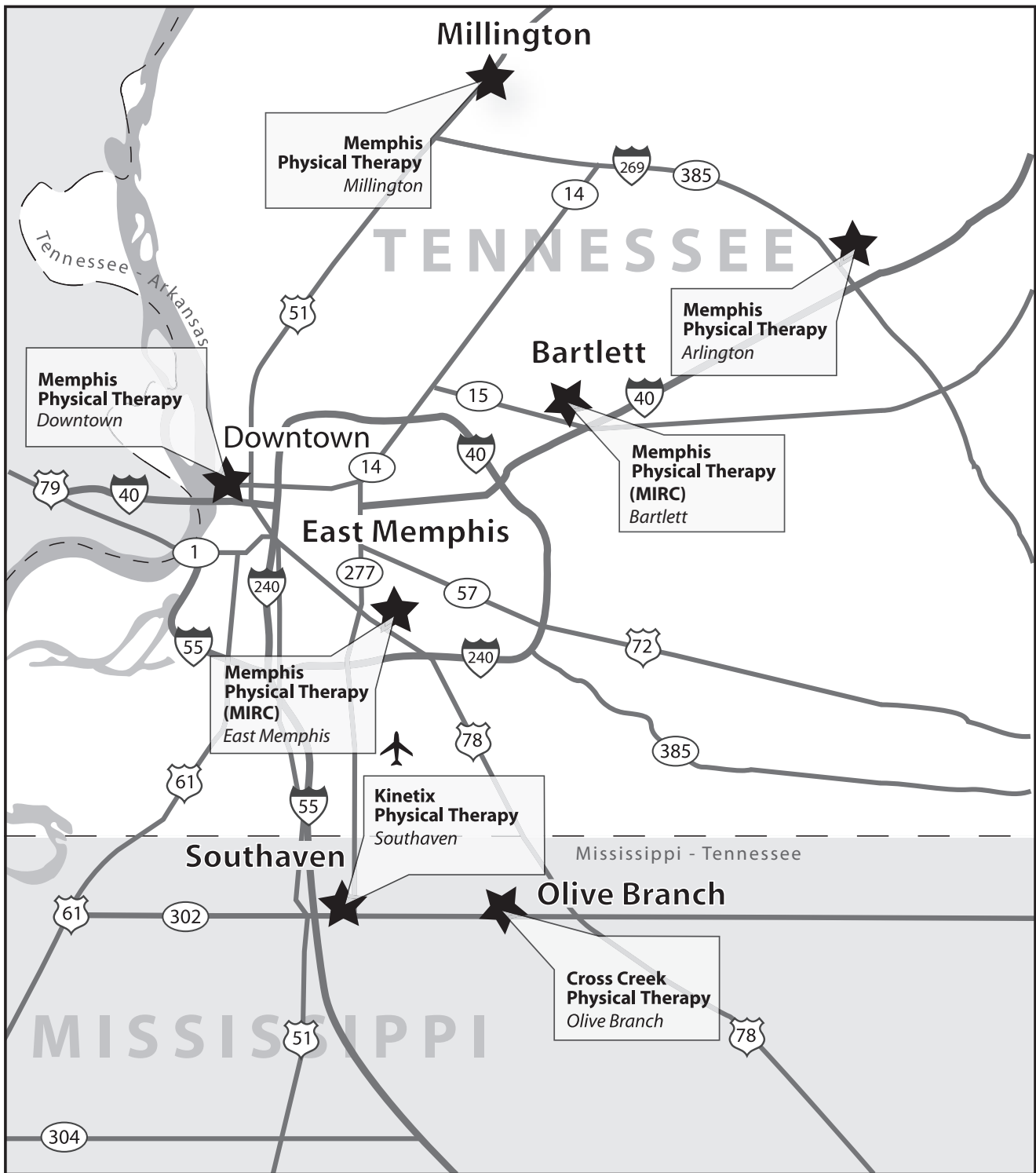
Relieve Pain       Increase Strength       Decrease Edema  
 Increase ROM       Increase Endurance       Improve Functional Skills

*I certify that the above marked therapy/rehabilitation service is medically necessary:*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date (Medicare Required)*

**DO NOT EMAIL PRESCRIPTION** The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



**JUST A REMINDER:**

Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork. Evaluations (1st visit) usually last 1 to 2 hours.

**WHAT TO WEAR:**

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

**WHAT TO BRING:**

Please bring this referral slip with you on your first visit. Appropriate insurance claim form or PPO/HMO referral slip or workers' compensation employer information including claim # or no fault insurance information.