

PATIENT INFORMATION

Patient's First Name _____
 Last Name _____
 DOB ____/____/____ Gender Female Male
 Parent/Guardian Name _____
 DOB ____/____/____ Relationship _____
 Street Address _____
 City _____ State _____ Zip _____
 Daytime Phone () _____
 Alternate Phone () _____
 Interpreter needed? No Yes: Language _____

INSURANCE INFORMATION

Subscriber Name _____
 DOB ____/____/____
 Health Plan _____
 Authorization # _____
 Group # _____
 Member ID _____
 Secondary Insurance, if any _____

DATE _____

REFERRING MD CONTACT INFORMATION

Referring MD _____
 Best way to reach me is by Phone Fax Pager
 Phone () _____
 Fax () _____
 Office Name _____
 Office Street Address _____
 City _____ State _____ Zip _____
 Pager () _____

DIAGNOSIS

Diagnosis ICD-10 code _____
 Reason for visit: _____

 Brief Medical History _____

PRECAUTIONS	No	Yes	If yes, please describe/define
Weight bearing precautions?			
Activity restrictions?			
Other medical considerations?			

Physical Therapy Evaluation & Treatment
 Other _____
 Anticipated frequency/duration _____
 Special instructions _____

Physician Signature _____
 Name of Physician (print) _____
 License # _____

COMMONLY USED CPT AND HCPCS CODES FOR PHYSICAL THERAPY SERVICES:

CPT (Used for PPOs, HMOs, self-pay)		
	Code	Description
Physical Therapy Evaluation	97001	Physical therapy evaluation
Physical Therapy Re-Evaluation	97002	
Physical Therapy Treatments		
	97110	Therapeutic procedure: Therapeutic exercise to develop strength and endurance, range of motion and flexibility, each 15 minutes
	97112	Therapeutic procedure: Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture &/or proprioception for sitting and/or standing activities, each 15 minutes
	97530	Therapeutic activities, direct (one on one) patient contact; use of dynamic activities to improve functional performance, each 15 minutes
	97116	Therapeutic procedure: Gait training, including stair climbing, each 15 minutes
	97140	Manual Therapy, per 15 minutes
	97542	Wheelchair management, per 15 minutes
	97010	Application of modality, hot/cold
	97032	Electrical Stimulation, constant attendance, per 15 minutes
	97035	Ultrasound, per 15 minutes
	97760	Orthotic management & training, per 15 minutes
	97761	Prosthetic training, per 15 minutes
	97762	Checkout, orthotics/prosthetics, per 15 minutes

HCPCS (Used for Medi-Cal, CCS, many government funded HMOs, etc)		
	Code	Description
Physical Therapy Evaluation (need to request both codes)	X3920, and	Tests & measurements, initial 30 minutes
	X3922	Tests & measurements, additional 15 minutes
Physical Therapy Treatments (need to request both codes)	X3908 and	Physical Therapy treatment, any combination of activities/modalities, initial 30 minutes
	X3910	Physical Therapy treatment, any combination of activities/modalities, additional 15 minutes