



**movement systems**  
physical therapy

creating

**transformative change**

in people's lives

## Physical Therapy Referral Form

**Providers:** You are welcome to refer a patient to us by printing our referral form and faxing it to one of the locations listed below. You may as well prefer to print and deliver signed via the patient.

**Patients:** You may print this and bring it to your provider to facilitate getting a referral for physical therapy at your next appointment

Seattle Clinic  
3221 Eastlake Ave E, STE 110  
Seattle, WA 98102  
P: 206.405.1864  
F: 206.405.4376

Mercer Island Clinic  
8435 SE 68<sup>th</sup> St, STE 100  
Mercer Island, WA 98040  
P: 206.717.2304  
F: 206.258.2482

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Diagnosis Code / Injury / Impairment: \_\_\_\_\_

### Services Requested

Evaluation and Treatment

Continued Treatment

Comments: \_\_\_\_\_

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

Providers Number: \_\_\_\_\_

Providers Signature: \_\_\_\_\_