

**PATIENT  
REFERRAL FORM**

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

Date of Referral: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

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

Suggested frequency:    Begin therapy for \_\_\_\_\_ weeks            Continue therapy for \_\_\_\_\_ weeks

Duration (circle one):    Until program is complete            Until next MD visit            As per plan of care

**EVALUATE AND  
TREAT AS INDICATED**

- Evaluate and Treat
- Acute Muscular-Ligamentous Strain/Sprain
- Herniated/Bulging Disc (Acute)
- Acute Facet Sprain/Strain
- Chronic Pain with Deconditioning
- Post Surgical Rehab. Program/Protocol
- Vestibular Rehabilitation
- TMJ
- Functional Capacity Evaluation (FCE)
- Work Hardening
- Work Conditioning
- Ergonomic Assessment
- Wellness Program

**We work with and pre-authorize  
all Worker's Compensation claims,  
Motor Vehicle Accidents, and  
legal cases (personal injury)**

To download your paperwork,  
visit our website  
[www.camphysicaltherapy.com/paperwork](http://www.camphysicaltherapy.com/paperwork)

**Locations:**

Hyattsville  
Laurel  
Glenn Dale/Bowie  
Wheaton/Silver Spring

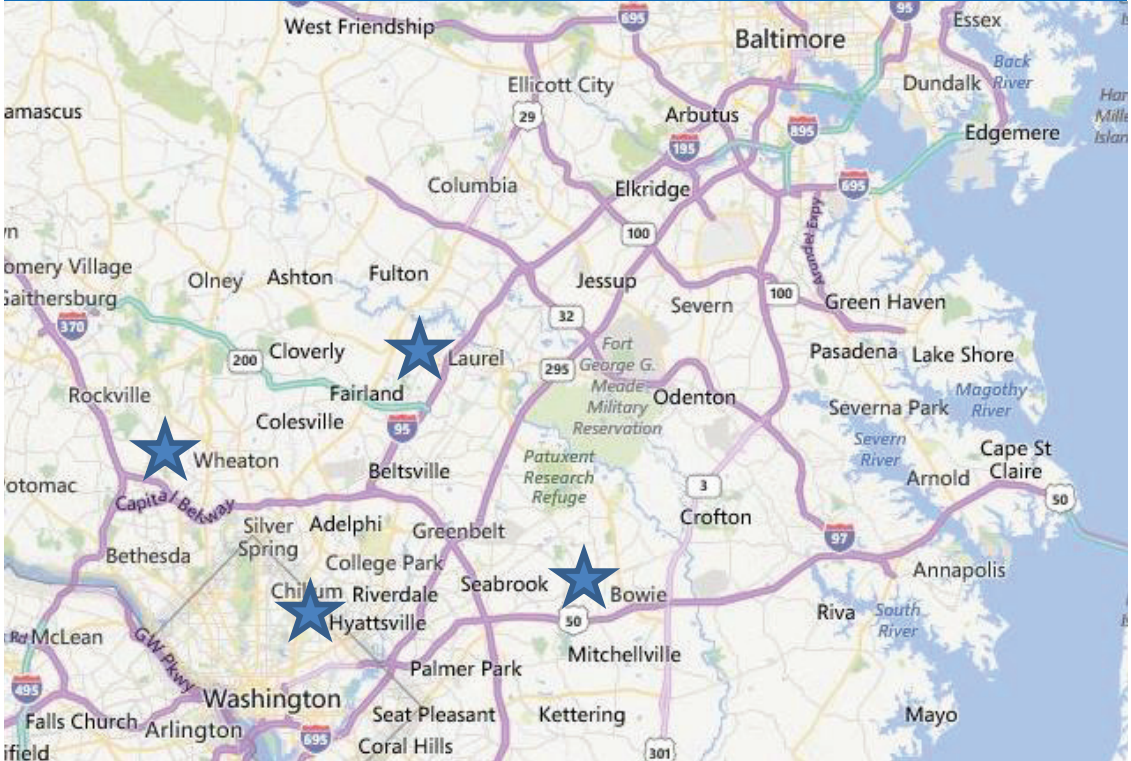
**Phone: (301) 853-0093**

**Fax: (301) 853-0096**

Precautions/Comments/Additional Instructions: \_\_\_\_\_

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

## OFFICE LOCATIONS



### Hyattsville

3311 Toledo Terrace, Suite A-1  
Hyattsville, MD 20782

 Prince George's Plaza Metro (Green Line)

 F4, 6

### Wheaton/Silver Spring

2730 University Boulevard West, Suite 802  
Wheaton, MD 20902

 Wheaton Metro (Red Line)

 34, 38, 48, C2, C4, Q1, Q2, Q4, Q5, Q6, Y2, Y7, Y8

### Glenn Dale/Bowie

12150 Annapolis Road, Suite 305  
Glenn Dale, MD 20769

 B24, B25

### Laurel

14205 Park Center Drive, Suite 204  
Laurel, MD 20707

 Z9, Z29