



2006 112th Street East, Tacoma, WA 98445
Phone: (253) 548-8400 Fax: (253) 537-3150

Client Name: _____ Date: _____

Client Phone: _____ DOB: _____

DOI: _____ Claim #: _____

Diagnosis: _____

ICD 9 Codes _____

Insurance: _____

Service Requested:

- _____ Work Conditioning (OT/PT)
- _____ Work Hardening
- _____ Physical Therapy
- _____ Occupational Therapy
- _____ FCE *Test to Tolerance (Yes/No)*
- _____ Job Site Evaluation/Modifications
- _____ Other: _____

Restrictions/Comments:

Frequency/Duration:

- _____ Therapists Discretion
- _____ Times / week for ___ weeks

Physicians Signature: *Thank you for your referral*
Workrehab@comcast.net Date: _____

Physicians Printed Name: _____
Terri Archer, COTA/L; Dawn Jones, OTR/L; Susan Mack PT; Jennifer Cox, PTA