



HAND THERAPY REFERRAL

Patient Name: _____ DOB: _____

Diagnosis/ICD-10: _____ Date of Injury: _____

Patient Phone: _____ Date of Surgery: _____

Clinic/Location Preference: _____

Notes: _____

OT/CHT - Evaluate & Treat per Therapist's Discretion

<p>Treatment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wound Care <input type="checkbox"/> Edema Management <input type="checkbox"/> Scar Management <input type="checkbox"/> Modalities (<i>E-stim, US, etc.</i>) <input type="checkbox"/> Strengthening <input type="checkbox"/> Manual Therapy <i>(IASTM, Joint Mobilization, etc.)</i> <input type="checkbox"/> A/AROM <input type="checkbox"/> PROM <input type="checkbox"/> Neuro-Reeducation <i>(Nerve Glides, Desensitization, etc.)</i> <input type="checkbox"/> HEP <input type="checkbox"/> Precautions: _____ 	<p>Custom Orthosis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Static: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Hand-Based <input type="checkbox"/> Forearm-Based <input type="checkbox"/> Static Progressive: _____ <input type="checkbox"/> Dynamic: _____ <input type="checkbox"/> Other: _____ <p>Patient Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> Joint Protection Principles <input type="checkbox"/> Ergonomic Training <input type="checkbox"/> ADL Training <input type="checkbox"/> Energy Conservation & Adaptive Equipment Training <input type="checkbox"/> Proper Body Mechanics
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Treatment Frequency: _____ times for _____ weeks Recheck: _____

Provider Signature: X _____

Provider Name (Print): _____ Date: _____

Phone: _____ Fax: _____

Email: _____

CENTRAL SCHEDULING

HAND THERAPY LOCATIONS



TAX ID: 81-3211599
NPI#: 1780037689



BELLEVUE - PT/Hand Clinic

11711 NE 12th St., Suite 3A, , Bellevue WA 98005
(Behind Bellevue Medical Imaging)
P: 425.454.1405 | F: 425.635.9340



BURIEN - PT/Hand Clinic

275 SW 160th St., Suite 105, Burien, WA 98166
(In the SW Seattle Ambulatory Surgical Center near Sylvester Middle School)
P: 206.513.2155 | F: 206.513.2886



PUYALLUP - SUMMIT PT/Hand Clinic

3801 5th St SE, Suite 220, Puyallup WA, 98374
P: 253.445.4258 | F: 253.445.4724



SEATTLE - NORTHGATE PT/Hand Clinic

10564 5th Ave NE, Suite 205, Seattle, WA 98125
P: 206.486.3337 | F: 206.502.1027



WOODINVILLE - PT/Hand Clinic

14229 NE Woodinville Duvall Rd, Suite #025, Woodinville, WA 98072
P: 425.658.0110 | F: 425.658.5310



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**3 Ways
to Schedule an
Appointment!**

- 1 Phone | 844.708.7982
- 2 Fax | 425.968.1454
- 3 Online | retptgroup.com

Appointment Day/Date: _____ Time: _____AM/PM