



MOTION THERAPY

PHYSICAL THERAPY REFERRAL

EVALUATE & TREAT:

- | | | | |
|--------------------------------------|--|---------------------------------------|---------------------------------|
| ☐ Orthopedic | ☐ Neurological | ☐ Balance/Gait | ☐ Other: |
| ☐ Pre/Post-Op | ☐ Sports Injury | ☐ Pelvic Floor | _____ |

PATIENT/CLIENT INFORMATION:

Patient/Client Name: _____ Diagnosis: _____

Primary Phone: _____ Secondary Phone: _____ DOB: _____

Physician Instructions:

Insurance: _____ Pre-Cert (if needed): _____

No. of visits / week: 1 2 3 4 5 Duration: 1 visit 1wk 2wk 3wk 4wk _____ prn

By signing, I certify the medical necessity of physical therapy services.

Provider Name: _____ Signature: _____ Date: _____

Print

☐ HOMEWOOD

3125 Independence Dr, STE 300B
Homewood, AL 35209

(P) 205-879-7501
(F) 205-879-0675

☐ HOOVER

1021 Brock's Gap Pkwy, STE 115
Hoover, AL 35244

(P) 205-307-0525
(F) 205-453-4221

☐ LIBERTY PARK

8011 Liberty Parkway, STE 111
Vestavia, AL 35242

(P) 205-383-1000
(F) 205-891-8833

☐ MEADOWBROOK

10 Meadowview Dr, STE 201
Birmingham, AL 35242

(P) 205-332-3000
(F) 205-545-8358

☐ TRUSSVILLE

183 Main St, STE D
Trussville, AL 35173

(P) 205-655-1009
(F) 205-655-1264

☐ TUSCALOOSA

401 22nd Ave, STE B
Tuscaloosa, AL 35401

(P) 205-462-3097
(F) 205-764-9550

In addition to Physical Therapy services, we offer the following wellness programs:

Personal Training

Clinical Pilates

Dry Needling

* Wellness programs are typically not billable to a client's insurance.

MOVE BETTER // FEEL BETTER // LIVE BETTER
ewmotiontherapy.com