



Medical Massage & Manual Therapy Referral

Patient Name: _____	DOB: _____
Patient Phone: _____	Insurance Carrier / ID #: _____

Procedures and Modalities

<input type="checkbox"/> Massage & Manual Therapy: 97124 / 97140 <input type="checkbox"/> Hot / Cold Pack: 97010 <input type="checkbox"/> Taping: A4452 Other: _____

Condition to be Treated

<p style="text-align: center;"><u>Cervical</u></p> <p><input type="checkbox"/> M53.0- Cervicocranial syndrome</p> <p><input type="checkbox"/> M43.6- Torticollis</p> <p><input type="checkbox"/> M54.2- Cervicalgia</p> <p><input type="checkbox"/> M79.12- Myalgia, head and neck</p> <p><input type="checkbox"/> S13.4xxA- Cervical ligament sprain</p> <p style="text-align: center;"><u>Thoracic</u></p> <p><input type="checkbox"/> M54.6- Pain in thoracic spine</p> <p><input type="checkbox"/> M54.9- Dorsalgia, unspecified</p> <p><input type="checkbox"/> G54.0- Thoracic outlet syndrome</p> <p><input type="checkbox"/> S23.3xxA- Thoracic ligament sprain</p> <p><input type="checkbox"/> R07.81- Rib pain</p> <p><input type="checkbox"/> S23.41xA- Rib sprain</p> <p style="text-align: center;"><u>Lumbar & Sacrum/Coccyx</u></p> <p><input type="checkbox"/> M48.061- Lumbar spinal stenosis without neurogenic claudication</p> <p><input type="checkbox"/> M48.07- Lumbosacral spinal stenosis</p> <p><input type="checkbox"/> M54.50- Low back pain, unspecified</p> <p><input type="checkbox"/> M54.51 - Vertebrogenic low back pain</p> <p><input type="checkbox"/> M54.59 - Other low back pain</p> <p><input type="checkbox"/> M54.41- Lumbago with RT sciatica</p> <p><input type="checkbox"/> M54.42- Lumbago with LT sciatica</p> <p><input type="checkbox"/> S33.5xxA- Lumbar ligament sprain</p> <p><input type="checkbox"/> R10.2- Pelvic/perineal pain</p> <p><input type="checkbox"/> M53.3- Sacroiliac pain</p> <p><input type="checkbox"/> S33.6xxA- Sacroiliac joint sprain</p> <p><input type="checkbox"/> S33.8xxA- Sacrum/coccyx ligament sprain</p>	<p style="text-align: center;"><u>Joint Pain</u></p> <p><input type="checkbox"/> M25.511- Shoulder pain, RT</p> <p><input type="checkbox"/> M25.512- Shoulder pain, LT</p> <p><input type="checkbox"/> M25.521- Elbow pain, RT</p> <p><input type="checkbox"/> M25.522- Elbow pain, LT</p> <p><input type="checkbox"/> M25.531- Wrist pain, RT</p> <p><input type="checkbox"/> M25.532- Wrist pain, LT</p> <p><input type="checkbox"/> M25.541- Hand pain, RT</p> <p><input type="checkbox"/> M25.542- Hand pain, LT</p> <p><input type="checkbox"/> M25.551- Hip pain, RT</p> <p><input type="checkbox"/> M25.552- Hip pain, LT</p> <p><input type="checkbox"/> M25.561- Knee pain, RT</p> <p><input type="checkbox"/> M25.562- Knee pain, LT</p> <p><input type="checkbox"/> M25.571- Ankle & foot pain, RT</p> <p><input type="checkbox"/> M25.572- Ankle & foot pain, LT</p> <p style="text-align: center;"><u>Jaw</u></p> <p><input type="checkbox"/> M26.611- Temporomandibular joint adhesions, RT</p> <p><input type="checkbox"/> M26.612- Temporomandibular joint adhesions, LT</p> <p><input type="checkbox"/> M26.621- Temporomandibular joint pain, RT</p> <p><input type="checkbox"/> M26.621- Temporomandibular joint pain, LT</p> <p><input type="checkbox"/> M79.11 Myalgia of mastication muscle</p> <p><input type="checkbox"/> S03.41xA- Jaw sprain, RT</p> <p><input type="checkbox"/> S03.42xA- Jaw sprain, LT</p>	<p style="text-align: center;"><u>Headache / Migraine</u></p> <p><input type="checkbox"/> R51.0- Headache with orthostatic component</p> <p><input type="checkbox"/> R51.9- Headache, unspecified</p> <p><input type="checkbox"/> G43.009- Migraine w/o aura NOS</p> <p><input type="checkbox"/> G43.109- Migraine with aura NOS</p> <p><input type="checkbox"/> G43.909- Migraine NOS</p> <p><input type="checkbox"/> G433.839- Menstrual migraine</p> <p style="text-align: center;"><u>Other</u></p> <p><input type="checkbox"/> M54.31- Sciatica, RT</p> <p><input type="checkbox"/> M54.32- Sciatica, LT</p> <p><input type="checkbox"/> M77.11- Lateral epicondylitis, RT</p> <p><input type="checkbox"/> M77.12- Lateral epicondylitis, LT</p> <p><input type="checkbox"/> G56.01- Carpal tunnel, RT</p> <p><input type="checkbox"/> G56.02- Carpal tunnel, LT</p> <p><input type="checkbox"/> M62.830- Muscle spasm, back</p> <p><input type="checkbox"/> M62.831- Muscle spasm, calf</p> <p><input type="checkbox"/> M62.838- Muscle spasm, other</p> <p><input type="checkbox"/> M79.10- Myalgia, unspecified</p> <p><input type="checkbox"/> M79.18- Myalgia, other</p> <p><input type="checkbox"/> M79.7- Fibromyalgia</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Duration and Frequency

_____ Times per Week for _____ Weeks OR _____ Times per Month for _____ Months
Other: _____ <i>*Please write script for no more than 3 month increments*</i>

Short/Long Term Treatment Goals: _____

Referring Provider: _____ Phone/Fax #: _____

Provider Signature: _____ Date: _____