

**PATIENT INFORMATION**

Patient's First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Female  Male  
 Parent/Guardian Name \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone ( ) \_\_\_\_\_  
 Alternate Phone ( ) \_\_\_\_\_  
 Interpreter needed?  No  Yes: Language \_\_\_\_\_

**INSURANCE INFORMATION**

Subscriber Name \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Health Plan \_\_\_\_\_  
 Authorization # \_\_\_\_\_  
 Group # \_\_\_\_\_  
 Member ID \_\_\_\_\_  
 Secondary Insurance, if any \_\_\_\_\_

**DATE** \_\_\_\_\_

**REFERRING MD CONTACT INFORMATION**

Referring MD \_\_\_\_\_  
 Best way to reach me is by  Phone  Fax  Pager  
 Phone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_  
 Office Name \_\_\_\_\_  
 Office Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Pager ( ) \_\_\_\_\_

**DIAGNOSIS**

Diagnosis ICD-10 code \_\_\_\_\_  
 Reason for visit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Brief Medical History \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PRECAUTIONS	No	Yes	If yes, please describe/define
Weight bearing precautions?			
Activity restrictions?			
Other medical considerations?			

Physical Therapy Evaluation & Treatment  
 Other \_\_\_\_\_  
 Anticipated frequency/duration \_\_\_\_\_  
 Special instructions \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature \_\_\_\_\_  
 Name of Physician (print) \_\_\_\_\_  
 License # \_\_\_\_\_

## COMMONLY USED CPT AND HCPCS CODES FOR PHYSICAL THERAPY SERVICES:

<b>CPT (Used for PPOs, HMOs, self-pay)</b>		
	<b>Code</b>	<b>Description</b>
<b>Physical Therapy Evaluation</b>	97001	Physical therapy evaluation
<b>Physical Therapy Re-Evaluation</b>	97002	
<b>Physical Therapy Treatments</b>		
	97110	Therapeutic procedure: Therapeutic exercise to develop strength and endurance, range of motion and flexibility, each 15 minutes
	97112	Therapeutic procedure: Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture &/or proprioception for sitting and/or standing activities, each 15 minutes
	97530	Therapeutic activities, direct (one on one) patient contact; use of dynamic activities to improve functional performance, each 15 minutes
	97116	Therapeutic procedure: Gait training, including stair climbing, each 15 minutes
	97140	Manual Therapy, per 15 minutes
	97542	Wheelchair management, per 15 minutes
	97010	Application of modality, hot/cold
	97032	Electrical Stimulation, constant attendance, per 15 minutes
	97035	Ultrasound, per 15 minutes
	97760	Orthotic management & training, per 15 minutes
	97761	Prosthetic training, per 15 minutes
	97762	Checkout, orthotics/prosthetics, per 15 minutes

<b>HCPCS (Used for Medi-Cal, CCS, many government funded HMOs, etc)</b>		
	<b>Code</b>	<b>Description</b>
<b>Physical Therapy Evaluation (need to request both codes)</b>	X3920, and	Tests & measurements, initial 30 minutes
	X3922	Tests & measurements, additional 15 minutes
<b>Physical Therapy Treatments (need to request both codes)</b>	X3908 and	Physical Therapy treatment, any combination of activities/modalities, initial 30 minutes
	X3910	Physical Therapy treatment, any combination of activities/modalities, additional 15 minutes