

Family Care Plus Physical Therapy & Wellness

Helping you heal, restore, and prevent



G-2037 South Center Road, Suite A,
Burton, Michigan 48519
(810)743-7950
Fax: (810)743-7951
E-mail: info@familycarepluspt.com

Office hours:
Monday to Friday
8:00 AM to 6:00 PM

Saturday by appointments only
*Early and late schedules by
appointments

PHYSICAL THERAPY REFERRAL

Patient Name: _____ Date: _____

Medical Diagnosis: _____

Chronicity: Acute Chronic

Precautions: _____

Evaluate and treat:

Frequency: As per evaluation # of Visits: _____

Frequency duration: Daily Two times Three times For: 1 2 3 4 5 6 7 8 Weeks

Special Instructions and goals of therapy: _____

Please send reports:

Physical Therapy Treatments Recommendations:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Pre/post-op spine program | <input type="checkbox"/> Spine stabilization |
| <input type="checkbox"/> Strengthening | <input type="checkbox"/> Range of motion | <input type="checkbox"/> Stretching program | <input type="checkbox"/> Pain control |
| <input type="checkbox"/> Gait/balance training | <input type="checkbox"/> Postural education | <input type="checkbox"/> Hand rehabilitation | <input type="checkbox"/> Hand splinting |
| <input type="checkbox"/> Joint replacement program | <input type="checkbox"/> Modalities as needed | <input type="checkbox"/> Home program | |

As per protocol: _____

Specialty programs: Spine Care/McKenzie Method Shoulder program
 Knee/patello-femoral program Amputee rehabilitation

Patient's next follow up visit with physician is: _____

Physician signature: _____

No stamps or co-sign as per Medicare regulations

Please fax your referral to: (810)743-7951
or call **(810)743-7950** to set up an appointment
Patient phone number: _____

Insurances/Patient instructions on the backside

Patient information

Thank you for choosing Family Care Plus Physical Therapy & Wellness

Please call (810) 743-7950 to make your appointment

Please bring this referral with you on your first appointment

Please have the following information ready when you want to schedule

- ▶ A Physical Therapy referral from your physician
- ▶ Personal identification card or drivers license
- ▶ Your address and contact phone numbers
- ▶ Your insurance card and insurance provider information when applicable
- ▶ Authorization for physical therapy from your insurance company when applicable

You could schedule:

- ▶ From your physician's office
- ▶ By directly coming to our facility
- ▶ By telephone or fax

Please arrive 10-15 minutes early to do required paperwork.

Please call ahead if you want to cancel or reschedule.

Please check this map for directions:



North



We accept various insurances:

- | | | | | |
|-----------------------|---------------------------|---|-------------------|-------------|
| ◆ Atena/PPOM | ◆ Auto insurance* | ◆ Blue Cross | ◆ Cigna | ◆ Confinity |
| ◆ Genesee Health Plan | ◆ Great West Healthcare | ◆ Health Plus | ◆ Health Plus PPO | ◆ HAP |
| ◆ HAP HMO | ◆ Health Plan of Michigan | ◆ Humana | ◆ Liability | ◆ Medicare |
| ◆ Medicaid | ◆ Molina | ◆ McLaren Health | ◆ Total Health | ◆ Tricare |
| ◆ United Health Care | ◆ Workman's Comp.* | * (Authorization required from insurance company) | | |

and many more. Please call for more information. * We also accept self-pay and private pay patients.

We continue to contract with various insurance companies and we will update our list of insurance providers. If you do not see your insurance on our list please call us to see if we have recently contracted with them.

***We also offer an affordable wellness program to our existing patients once their therapy is over. Please call to know more about it.**

THANK YOU