



# THERAPY REFERRAL FORM

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Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_

ICD-10 \_\_\_\_\_

Precautions \_\_\_\_\_

Date of Surgery/Onset \_\_\_\_\_

\_\_\_\_\_ Evaluate and Treat

Additional Notes/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 2 3 4 5 times/week \_\_\_\_\_ weeks \_\_\_\_\_ as needed

Signature on this referral certifies that therapy is medically necessary.

Authorizing Signature \_\_\_\_\_

Name \_\_\_\_\_

Patient to return to my office on \_\_\_\_\_

## PATIENT INFORMATION

1. Call (262) 796-2850 to make an appointment. You may also visit us online at [www.ptplus.com](http://www.ptplus.com)
2. Please bring or submit the following:
  - Signed referral
  - Insurance card
  - Photo ID
  - List of medications
  - Comfortable clothing

## LOCATIONS

### Bay View

3073 S. Chase Avenue,  
Building 28, Suite 630  
Bay View, WI 53207

### Brookfield

19045 W Capitol Drive #101  
Brookfield, WI 53045

### Cedarburg

W62N228 Washington Ave  
Cedarburg, WI 53012

### Elm Grove

700 Pilgrim Parkway, #L8  
Elm Grove, WI 53122

### Racine

1532 S. Green Bay Road #200  
Mount Pleasant, WI 53406

### Third Ward

241 N. Broadway, #403  
Milwaukee, WI 53202

### West Bend

1040 E. Water Street  
West Bend, WI 53095

## CONTACT

**P:** (262) 796-2850  
**F:** (262) 796-2851  
**[connect@ptplus.com](mailto:connect@ptplus.com)**  
**[ptplus.com](http://ptplus.com)**

### Bay View Contact

**P:** (414) 292-3275  
**F:** (414) 292-3298