4141 Pennock Street Homer, AK 99603
Ph 907-235-3410
www.homerphysicaltherapy.com
hpt@homerphysicaltherapy.com

FAX to: 907-235-3417

REFERRAL FORM

PATIENT INFORMATION

Name____DOB:________________Date:_______________

Reason for Referral/Diagnosis: ____

REFERRING PROVIDER DIRECTIVES

☐ **Sallie Rediske, PT, WCS**
Complex Chronic Pain, Women's/Men's Pelvic

☐ **Holly McClure, MPT**
Complex Chronic Pain, Complex Trauma

☐ **Maggie Goedeke, DPT**
Post Surgical, Acute

☐ **No Preference; first available**

Comments: _________________________________ ____

☐ Evaluate and Treat

☐ Strengthening

☐ Gait Training

☐ Range of Motion

☐ Soft Tissue/Manual Therapy

☐ Ultrasound

☐ Electrical Stimulation

☐ Biofeedback

Homer Physical Therapy schedules visits in consideration of patients who must travel long distances.

REFERRING PROVIDER AUTHORIZATION

Physician Name (printed): ____NPI__________________
Address:____
Office Phone: ___________________________________Fax Number:_____________________________

Physician Signature: ____