

**PHYSICAL THERAPY, OCCUPATIONAL THERAPY & CANCERFIT®:**

BATON ROUGE: 503 Colonial Dr • BR, LA 70806

Ph (225) 231-3800 Fax (225) 231-3803

GONZALES: 1014 West St. Clare Blvd • Ste 1050 • Gonz, LA 70737

Ph (225) 743-2060 Fax (225) 743-2065

**PHYSICAL THERAPY & CANCERFIT®:**

DENHAM SPRINGS: 2250 Home Depot Dr • DS, LA 70726

Ph (225) 667-6598 Fax (225) 664-8167

**PHYSICAL THERAPY:**

BATON ROUGE: 123 Lee Drive • BR, LA 70808

Ph (225) 302-5766 Fax (225) 302-5880

BATON ROUGE: 14635 S. Harrell's Ferry • Ste 4A • BR, LA 70816

Ph (225) 756-4844 Fax (225) 755-0621

BATON ROUGE: 5414 Brittany Dr • Ste G • BR, LA 70808

Ph (225) 769-3898 Fax (225) 231-3813

PRAIRIEVILLE: 17609 Old Jefferson Hwy • Ste G • Prvle, LA 70769

Ph (225) 673-0200 Fax (225) 673-0202



[www.brptlake.com](http://www.brptlake.com)

**PLEASE BRING THIS REFERRAL WITH YOU ON YOUR 1<sup>ST</sup> APPOINTMENT**

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Phone # 's - - During the day: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please evaluate and treat as follows:**

Physical Therapy \_\_\_\_\_ x's per week \_\_\_\_\_ weeks

CancerFit®

Job-site Evaluation

Occupational Therapy \_\_\_\_\_ x's per week \_\_\_\_\_ weeks

Functional Capacity Evaluation (FCE)

Return-to-work Screen

Return-to-work Activities

Diagnosis: \_\_\_\_\_

ICD9 Code: \_\_\_\_\_

Special Instructions / Precautions:  None If **yes**, please list: \_\_\_\_\_

I certify that I have examined the patient and rehabilitation services are necessary and will be furnished while the patient is under my care.

Referring Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_