

# REFERRAL FOR THERAPEUTIC MASSAGE & BODYWORK

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Referring Practitioner: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Referring Practitioner's Address: \_\_\_\_\_  
Date of Injury / Onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## History:

## Symptoms & Diagnosis (ICD-9) codes:

Goals of prescription (i.e. pain relief, soft-tissue rehab, circulation enhancement, etc.):

## MODALITIES REQUESTED

Please indicate which procedures you would like performed on the patient:

Therapist's Discretion  
 97110 Range of Motion Stretching  
 97124 Swedish Massage Techniques  
 97140 Manual Therapies (includes trigger point, acupressure, traction, connective tissue massage, etc.)  
 Other: \_\_\_\_\_

## TREATMENT FREQUENCY & DURATION

15 minute session  30 minute session  60 minute session  Other: \_\_\_\_\_

Number of sessions: \_\_\_\_\_ sessions over the next \_\_\_\_\_ weeks **OR PRN** \_\_\_\_\_  
Note: PRN referral is valid for one year.

Practitioner's Signature: \_\_\_\_\_

If submitting to an insurance company, please provide the following information:

Name of Insurance Company: \_\_\_\_\_  
Adjuster: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address to send claims: \_\_\_\_\_  
Claim #: \_\_\_\_\_ Pre-approved? \_\_\_\_\_

*Massage therapy and other forms of bodywork can be considered adjunctive to primary medical care, chiropractic, and physical therapy.  
Massage therapy provides quality preventative, rehabilitative, and complementary health care with a medical referral.*



*A Sensitive Touch*

*Combining Skill, Mind, and Intuition in Artful Ways*

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