



SCHOOL OF PHYSICAL THERAPY ONSITE
CLINIC REFERRAL FORM - ADULT

Revised 11/2017

Patient Information: Please complete the form. Type or print legibly.

First name: Last name:

Street Address: City: Zip Code:

Preferred Method for communication for scheduled appointments: Home Cell Work Email

Please check if we can leave a detailed message at your preferred method for communication.

PLEASE BE ADVISED: Our email system is unencrypted so information shared via email will be limited to protect your health information.

Phone: Home/Cell (Alternate): Home/Cell/Work

Date of birth: Email address:

Person to contact in case of emergency: Phone:

Primary Care Provider: Name: Phone:

Have you been seen in the UPS Onsite Clinic in the past for the same concern? Yes No If yes, what year?

OFFERED IN THE FALL: Tuesday/Thursday Appointments Only

9:30 a.m. 10:30 a.m. 11:30 a.m. 2:30 p.m. 3:30 p.m. 4:30 p.m.

OFFERED IN THE SPRING: Wednesday Appointments Only

8:30 a.m. 9:30 a.m. 10:30 a.m. 1:30 p.m. 2:30 p.m. 3:30 p.m.

To be completed by referring provider UNLESS you are self-referring, please fill out as much as you can:

NOTE: UPS Onsite Clinic is a direct access clinic for non-surgical musculoskeletal/orthopedic concerns and stable neurologic conditions. Individuals under active medical care will require signed physician referrals.

Referral Date: Date of Onset/Injury:

Medical Diagnosis:

Precautions:

Medications:

Reason for referral:

Comments:

Table with 2 columns: Referred by: (printed name) / Signature and Address: / Email Address: / Phone:

The School of Physical Therapy offers PT appointments Fall and Spring Semesters. Patients appointments are one hour long, day(s) and hours vary pending the semester (see above). We offer specialty care in orthopedic/musculoskeletal injury or pain, neurologic rehabilitation, and pediatric physical therapy.

SCHOOL OF PHYSICAL THERAPY

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