



SCHOOL OF PHYSICAL THERAPY
ANN WILSON ON-SITE TEACHING CLINIC
REFERRAL FORM - PEDIATRICS
 Revised 06/09/2026

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

Child's First name: _____ Child's Last name: _____

Date of birth: _____

Guardians Name: _____ Guardians DOB: _____

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 _____

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? _____

Preferred Appointment Time: Rank in order of preference (1 – 3, 1 being highly preferred. Mark UA for Unavailable.)
 (Selected time not guaranteed - As schedule allows)

OFFERED IN THE FALL ONLY: Tuesday/Thursday Appointments

1:00 p.m. _____ 2:00 p.m. _____ 3:00 p.m. _____

To be completed by referring provider unless self-refer. See note below:

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:

Referred by: (printed name)	Address:
	Email Address:
Signature:	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. An Exercise/Wellness group is available Fall Semester. Seating and wheelchair prescription is offered through a specialty clinical elective course most years. All care is provided by graduate students in physical therapy under the supervision of licensed physical therapists. Please call the clinic at (253) 879-3180 or email jnalbert@pugetsound.edu if you have questions.

SCHOOL OF PHYSICAL THERAPY

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