



**SCHOOL OF PHYSICAL THERAPY**  
**ONSITE CLINIC REFERRAL FORM - PEDIATRICS**  
 Revised 07/2017

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

Child's First name: \_\_\_\_\_ Child's Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Guardians First Name: \_\_\_\_\_ Guardians 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 \_\_\_\_\_

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

2:30 p.m. \_\_\_\_\_ 3:30 p.m. \_\_\_\_\_ 4:30 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) 879-3281 or email onsiteclinic@pugetsound.edu if you have questions.