

**REFERRAL FOR THERAPEUTIC MASSAGE AND BODYWORK**

(May be signed by any licensed/registered health care practitioner, such as a Physician, Chiropractor, Physical Therapist, Professional Registered Nurse, Psychologist, etc.)

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 (auto or P.I.), please provide the following information:

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Adjuster: \_\_\_\_\_  
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.



**Massage Therapy Office:**  
2246 Lincoln St NE  
Minneapolis, MN 55418  
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Mobile office phone: 612-695-5234