

MASSAGE THERAPY REFERRAL / PRESCRIPTION / TREATMENT PLAN

From: Doctor _____

Date: _____

Address: _____

Phone: _____

Fax: _____

To: Heart Touch
5415 SW 185th AVE
Beaverton, OR 97078

Phone: 503-747-7084
info@hearttouchcenter.com

Regarding Patient: _____

Treatment is medically necessary: Please treat the patient for diagnoses indicated below, using the modalities / procedures check marked below that are within your scope of practice.

Physicians Signature _____

Date: _____

License # _____

UPIN# _____

Modalities / Procedures

- 97124 _____ Massage Therapy
- 97140 _____ Manual Therapy Techniques
- 97010 _____ Hot or Cold Packs

Condition is related to:

- _____ Auto Accident _____ Other _____
- _____ Work Injury _____
- _____ Illness _____

Diagnosis Codes

- 345.0 _____ Carpel Tunnel Syndrome
- 723.1 _____ Cervicalgia
- 723.4 _____ Brachial Neuritis / Radiculitis (upper extremities)
- 724.3 _____ Sciatica
- 724.4 _____ Lumbosacral /Thoracic Neuritis or Radiculitis (lower extremities)
- 724.5 _____ Back Pain
- 728.85 _____ Myospasm
- 729.1 _____ Fibromyalgia / Myalgia / Myositis
- 729.5 _____ Arm or Leg Pain
- 784.0 _____ Headache
- 839.01 _____ Subluxation cervical vertebrae
- 839.21 _____ subluxation thoracic vertebrae
- 839.20 _____ subluxation lumbar vertebrae

- 839.42 _____ subluxation sacral region
- 840 9 _____ Shoulders - Upper Arms Sprain / Strain
- 841.9 _____ elbow or forearm sprain / strain
- 843.9 _____ Hip or Thigh Sprain / Strain
- 846.0 _____ Lumbosacral Sprain / Strain
- 847.0 _____ Cervical Sprain / Strain
- 847.1 _____ Thoracic Sprain / Strain
- 847.2 _____ Lumbar Sprain / Strain
- 847.3 _____ Sacral Sprain / Strain
- 847.4 _____ Coccyx Sprain / Strain
- 848.1 _____ T.M.J. Sprain / Strain

Other Codes: See below:

Duration and Frequency of Treatment

- _____ Times Per Week For _____ Weeks
- _____ 60 minutes _____ 90 minutes
- OR _____ Treatments
- OR _____

- _____ Decrease Pain
- _____ Decrease Inflammation
- _____ Decrease Muscle Tension / Spasms
- _____ Increase Mobility / Range of Motion
- _____ Other _____

Other Diagnosis Codes:

- 1. _____
- 2. _____
- 3. _____

Treatment Goals