



FREEBORN WELLNESS
COMPLETE INDUSTRIAL OT & PT

515A Harrison Ave, Centralia, WA • Phone: (360) 870-2473

Client Information

Name: _____

Diagnosis/Code(s): _____

Insurance: _____

Claim #: _____ Date of Injury: ____/____/____

Job of Injury: _____

Date of Birth: ____/____/____ Gender: _____

Primary Phone #: _____ Secondary Phone #: _____

Address: _____

Treatment Specialties

- | | |
|--|---|
| <input type="checkbox"/> Physical Therapy Evaluation/Tx | <input type="checkbox"/> Ergonomic Assessment |
| <input type="checkbox"/> Functional Capacity Evaluation | <input type="checkbox"/> Massage Therapy, _____ sessions |
| <input type="checkbox"/> Work Conditioning (OT/PT 5x/wk, 4wks) | <input type="checkbox"/> Dietician Consultation & Treatment |
| <input type="checkbox"/> Work Hardening | <input type="checkbox"/> Group Weight Reduction Program |
| <input type="checkbox"/> Hand Therapy Evaluation/Tx | <input type="checkbox"/> Occupational Therapy Health Coaching |

Referring Professional

Provider Signature: _____ Date: _____

Printed Name: _____ NPI: _____

Additional Comments: _____

Thank you for the referral, please fax to: (360) 312-4204.