The Health Connection
CHIROPRACTIC • ACUPUNCTURE • MASSAGE

Massage Therapy Referral

Patient: _____ D.O.B._____ Referral Start Date: _____

Therapist recommends treatment: _____

Referring Physician: _____ Phone: _____

Address: _____ Fax: _____

Physician's Diagnosis:

- ☐ G43.101 Migraine, Acute
- ☐ G43.111 Migraine , Chronic
- ☐ G44.201 Tension Headache, Chronic
- ☐ G44.209 Tension Headache, Acute
- ☐ M54.2 Cervicalgia
- ☐ S13.4XX_ Sprain of Cervical Spine
- ☐ S16.1XX_ Strain of Cervical Spine
- ☐ M54.6 Pain in Thoracic
- ☐ S23.3XX_ Sprain of Thoracic Spine
- ☐ S29.01X_ Strain of Thoracic Spine
- ☐ M54.5 Low Back Pain
- ☐ M54.3_ Sciatica R _____ L _____
- ☐ M54.16 Radiculopathy, Lumbar
- ☐ S33.5XX_ Sprain of Lumbar Spine
- ☐ S39.01_ _ Strain of Lumbar Spine R _____ L _____
- ☐ S33.6XX_ Sprain of Sacroiliac joint
- ☐ S39.01_ _ Strain Low back & Pelvis R _____ L _____
- ☐ M99.01 Segmental Dysfunction Cervical
- ☐ M99.02 Segmental Dysfunction Thoracic
- ☐ M99.03 Segmental Dysfunction Lumbar
- ☐ M99.05 Segmental Dysfunction Hip
- ☐ M79.1 Myalgia
- ☐ M79.7 Fibromyalgia
- ☐ M62.49 Contracture of Muscle, Multiple Sites
- ☐ M62.9 Disorder of Muscle, Unspecified
- ☐ M25.51_ Pain in Shoulder R _____ L _____
- ☐ M25.52_ Pain in Elbow R _____ L _____
- ☐ M25.53_ Pain in Wrist R _____ L _____
- ☐ M79.64_ Pain in Hand R _____ L _____
- ☐ M25.55_ Pain in Hip R _____ L _____
- ☐ M79.65_ Pain in Thigh R _____ L _____
- ☐ M25.56_ Pain in Knee R _____ L _____
- ☐ M79.66_ Pain in Lower Leg R _____ L _____
- ☐ M25.57_ Pain in Ankle/Foot R _____ L _____
- ☐ S43.4_ _ _ Sprain of Shoulder R _____ L _____
- ☐ S53.4_ _ _ _ Sprain of Elbow R _____ L _____
- ☐ S73.1_ _ _ Sprain of Hip R _____ L _____
- ☐ S83.4_ _ _ Sprain of Knee R _____ L _____
- ☐ S93._ _ _ _ Sprain of Ankle R _____ L _____
- ☐ S23.41X_ Sprain of Ribs R _____ L _____
- ☐ M26.69 Other Disorders TMJ
- ☐ Other: _____

Frequency: _____ per week/month **Duration:** _____ weeks/month(s) Other: _____

Referring Signature: _____

Please select diagnosis codes, complete frequency & duration & sign stating the above patient is under your care & recommended for massage and manual therapy. Thank you for your referrals!!