

Provider Referral



Phone: 651-646-7246

Fax: 651-641-0726

1600 University Ave.

Suite 10

St. Paul, MN 55104

Patient Name: _____

DOB: _____ Phone Number: () _____

Email: _____

Onset/DOI: _____

Diagnosis: _____

Need an Interpreter? Yes No Language: _____

Medical Services

Physical Medicine Evaluation with Dr. Mark Agre, MD, MS, DABPMR

Electrodiagnostics/EMG/NCS with Dr. Mark Agre, MD, MS, DABPMR

Reason for study: _____

Rehabilitative Services

Evaluate & Treat: Physical/Occupational Therapy

Specialty Programs/Services (provided by Physical and/or Occupational Therapists):

These are optional, please check all that apply

Aquatic Therapy

Bike Fit

Custom Foot Orthotics - *by a certified orthotist*

Extra Depth Footwear - *by a certified orthotist*

Ergonomics Evaluation

Hand/Wrist Splinting

Iontophoresis with Dexamethasone

Pilates Mat/Reformer Rehabilitation

Functional Capacity Evaluation (FCE)*

Full (Baseline Abilities & Limitations)

Job Specific (Limited)

Med-X Spine Program

Cervical

Lumbar

Postural Restoration

Pregnancy/Post-Partum Program

Pelvic Floor Therapy - *for women or men*

Equipment

Home TENS unit

Home Traction Device (Cervical/Lumbar)

ADL/Adaptive Equip: _____

Other: _____

Special Instructions: _____

Clinic Name: _____ Clinic Phone Number: () _____

Signature: _____ Date: _____ Provider Name: _____

IMPACT also provides a variety of Wellness Services including: Wellness Memberships, Massage Therapy, Performance Bike Fits & Group Wellness Classes (Mat Pilates, Tai Chi & Pool).

**Please be aware that Functional Capacity Evaluations are not typically covered by health insurance.*