Provider Referral

10/	Phone: 651-646-7246		Patient Name:	
		-641-0726	DOB:	Phone Number: ()
	1600 University Ave.		Email:	
IMPACT	Suite 10 St. Paul, MN 55104		Onset/DOI:	
Diagnosis:				
Need an Int	terpreter?	☐ Yes	□ No	Language:
			Medical S	Services
Physical Medicine Evaluation with Dr. Mark Agre, MD, MS, DABPMR				
☐ Electrodiagnostics/EMG/NCS with Dr. Mark Agre, MD, MS, DABPMR				
		Reason for study:_		
			D a la a la !!!! a 4!a	Oamdaaa
Rehabilitative Services				
Evaluate & Treat: Physical/Occupational Therapy				
Spec	ialty Pro	grams/Servi	ces (provided by 1	Physical and/or Occupational Therapists):
	,	3	7	These are optional, please check all that apply
☐ Aquatic Therapy				☐ Med-X Spine Program
	☐ Bike Fi	t		□ Cervical
	☐ Custon	n Foot Orthoti	cs	□ Lumbar
		Depth Footwea		☐ Postural Restoration
☐ Ergonomics Evaluation				☐ Pregnancy/Post-Partum Program
☐ Hand/Wrist Splinting				☐ Pelvic Floor Therapy - for women or men
☐ Iontophoresis with Dexar				□ Equipment
☐ Pilates Mat/Reformer Reh				☐ Home TENS unit
☐ Functional Capacity Evalu				☐ Home Traction Device (Cervical/Lumbar)
			lities & Limitations)	☐ ADL/Adaptive Equip:
	□ Job	Specific (Limi	ted)	☐ Other:
Speci	al Instruct	tions:		
Clinic Name	e:			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.