



Anchored Massage Therapy

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Massage Therapy Referral Request

Patient Name: _____ Date: _____

Office referred from: _____

Duration and frequency of treatment: _____

ICD 10 Diagnosis Codes:

- | | |
|--|---|
| <input type="checkbox"/> G44.209 Tension Headache | <input type="checkbox"/> S73.102A Left Hip Sprain |
| <input type="checkbox"/> M25.60 C/T/L Joint Stiffness | <input type="checkbox"/> S76.911A Right Thigh Strain |
| <input type="checkbox"/> M54.2 Cervicalgia | <input type="checkbox"/> S76.912A Left Thigh Strain |
| <input type="checkbox"/> M54.6 Thoracalgia | <input type="checkbox"/> S93.401A Right Ankle Sprain |
| <input type="checkbox"/> M54.5 Lumbalgia | <input type="checkbox"/> S93.402A Left Ankle Sprain |
| <input type="checkbox"/> M54.30 Sciatica | <input type="checkbox"/> S93.601A Right Foot Sprain |
| <input type="checkbox"/> M62.40 Myospasms | <input type="checkbox"/> S93.602A Left Foot Sprain |
| <input type="checkbox"/> S73.101A Right Hip Sprain | |
| <input type="checkbox"/> S13.4XXA Cervical Sprain/Strain (Whiplash) | <input type="checkbox"/> S33.8XXA Sacrum Sprain/Strain |
| <input type="checkbox"/> S23.3XXA Thoracic Sprain/Strain | <input type="checkbox"/> S83.91XA Right Knee Sprain |
| <input type="checkbox"/> S33.5XXA Lumbar Sprain/Strain | <input type="checkbox"/> S83.92XA Left Knee Sprain |
| <input type="checkbox"/> S03.4XXA TMJ Sprain | <input type="checkbox"/> S86.911A Right Lower Leg Strain |
| <input type="checkbox"/> M26.60 TMJ Syndrome | <input type="checkbox"/> S86.912A Left Lower Leg Strain |
| <input type="checkbox"/> S43.401A Right Shoulder Sprain | <input type="checkbox"/> S96.911A Right Ankle/Foot Strain |
| <input type="checkbox"/> S43.401A Left Shoulder Sprain | <input type="checkbox"/> S96.912A Left Ankle/Foot Strain |

Other: _____

Physician Signature: _____ Date: _____