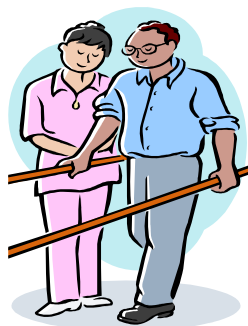


**PHYSICAL MEDICINE
EXTENDED THERAPY REQUEST FORM**



CHP CARE MANAGEMENT
Your Health Matters™



**Fax #831-657-2669
Office #831-657-2668
200 Camino Aguajito, #302, Monterey, CA 93940**

Request Date:		
Sender's Name:	Fax #	Office #
Patient's Name:	Date of Birth:	
Referring Physician:		
Patient's Current Address:		
Patient's Current Home Phone #		
# of Additional Visits Requested:		
Practice Name:		
Therapist Name:		
Date of Initial Onset:	Date of Initial Visit:	
Diagnosis & Major Complaint: <i>Describe fully & place codes below.</i>		
ICD-9 Codes:		
Treatment Plan, Long-term Goals & Prognosis: <i>* see note below</i>		
CPT Codes:		

***In order to process your request as quickly as possible, copies of the initial evaluation, treatment plan, legible progress notes, and documentation of compliance with the prescribed home exercise program must be included.**

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