

## PHYSIOTHERAPY REQUEST



Please complete the attached form to request further treatment for your Cigna patient.

Return your report via our secure email inbox: [cigna.physio@cigna.com](mailto:cigna.physio@cigna.com). You will then receive confirmation regarding any further treatment authorised. Please note: We will **not** cover the cost of any treatment which has not been preauthorised.

PATIENT		PHYSIOTHERAPIST	
Name		Name	
Address		Clinic	
Post code		Telephone	
D.O.B		Email	
Membership number		HCPC number	
Ref. source	GP Self	Consultant Other	Date of further physio request

TREATMENT DATES

AREA OF BODY
R      L

WORKING DIAGNOSIS/ANALYSIS

CURRENT SUBJECTIVE FINDINGS	
Pain scores best - worst	
Aggravating factors (please include time taken to aggravate)	
Functional restrictions	
Other	

CURRENT OBJECTIVE FINDINGS	
ROM	
Strength	
Special tests	
Other	

PATIENT GOALS FOR FURTHER TREATMENT

## TREATMENT PLAN

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## JUSTIFICATION FOR FURTHER TREATMENT

Proposed number of further sessions	
Proposed frequency of treatment	

Together, all the way.<sup>SM</sup>



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