

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. 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 <input type="checkbox"/>	Consultant <input type="checkbox"/>	Date of further physio request
	Self <input type="checkbox"/>	Other <input type="checkbox"/>	

TREATMENT DATES

AREA OF BODY
R <input type="checkbox"/> L <input type="checkbox"/>

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.SM



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