



Bellevue Pregnancy Massage - Kate Bryant, LMT
 License Number: MA00021223, Certified in "Massage For The Childbearing Year"
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Massage Therapy Referral

Date: _____

Patient Name: _____

Home Address: _____

Home Phone Number: _____ Work Number: _____

Date of Birth: _____ EDD/ Date of Delivery: _____

Please, mark or write up to Four ICD-10 codes:

- | | |
|---|--|
| <input type="checkbox"/> Cervicalgia: M54.2 | 1) ICD-10: _____ |
| <input type="checkbox"/> Pain in Thoracic Spine: M54.6 | 2) ICD-10: _____ |
| <input type="checkbox"/> Pain in Lumbar Spine: M54.50 | 3) ICD-10: _____ |
| <input type="checkbox"/> Myospasm of Low Back: M62.830 | 4) ICD-10: _____ |
| <input type="checkbox"/> Low back pain in pregnancy: O99.891 | <input type="checkbox"/> Hip Pain: M25.559 |
| <input type="checkbox"/> Other Muscle Spasm: M62.838 | <input type="checkbox"/> Leg Pain: M79.606 |
| <input type="checkbox"/> Arm Pain: M79.603 | <input type="checkbox"/> Foot Pain: M79.673 |

Frequency Of Treatment: 1 Massage a week for total of visits

Condition To Be Treated Is Related To

- Pregnancy Postpartum Auto Accident Injury Myospasm Other _____

Additional Notes: _____

Insurance: Private Insurance Auto/PIP 3rd Party/Attorney L&I

Billing Information: _____

Doctor/Midwife's Name: _____ **NPI:** _____

Signature: _____

Clinic Name: _____

Phone Number: _____ **Fax Number:** _____