

## Physical Therapy

If you are referred to physical therapy by your physician and choose to complete it on campus in the Graham Building with Ryan McGlaughlin, PT, please have the following available to begin therapy services:

- 1) Your primary insurance information
- 2) A copy of your physical therapy script
- 3) A copy of your therapy protocol if assigned by your physician
- 4) The "PT Referral Form" completed and emailed as directed
- 5) Your schedule

For more information about physical therapy, please visit the Bucknell Student Health website or contact Ryan at the information below:

<http://www.bucknell.edu/student-health/about-bucknell-student-health.html>

Ryan McGlaughlin, PT

Office: (570) 577-1906

Fax: (570) 577-7446

Email: [ryan.mcgloughlin@healthsouth.com](mailto:ryan.mcgloughlin@healthsouth.com)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone @ School: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Emergency Contact Address: same \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Primary Insurance: copied will call \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Phone # \_\_\_\_\_

Address (claims): \_\_\_\_\_

Secondary Insurance:

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Phone # \_\_\_\_\_

Address (claims): \_\_\_\_\_

Athlete Excess Policy: Yes No Claim # \_\_\_\_\_  
(provided by Athletic Trainer)

Referring Doctor: \_\_\_\_\_ Student Health: Yes No

Phone # \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**\*\*When complete email to ryan.mcgloughlin@healthsouth.com\*\***

**TO BE FILLED OUT BY PHYSICAL THERAPIST**

Referral: We have \_\_\_\_\_  
He/she has \_\_\_\_\_  
He/she will get \_\_\_\_\_

Admission Date/Time: \_\_\_\_\_

W/C Auto Ath/w Ath/wo 2nd policy