

Physical Therapy Referral Form



3230-A Randleman Road
Greensboro, NC 27406
Phone: 336-510-3915
Fax: 336-218-6969

112 Walmart Supercenter
Siler City, NC 27344
Phone: 919-799-2226
Fax: 919-799-2216

10102 S. Main St., Suite S
Archdale, NC 27263
Phone: 336-307-3015
Fax: 336-307-3004

Patient Name: _____ DOB: _____

Patient Phone #: _____

Diagnosis: _____

Precautions/Contraindications: _____

EVALUATE AND TREAT AS APPROPRIATE

Therapeutic Exercise

- Range of Motion
 - Active
 - Active Assisted
 - Passive
- Strengthening
- Spinal Stabilization
- Stretching

Balance Program

- Kinesiotaping
- Vestibular Rehabilitation
- Hand Therapy
- Stroke Recovery Program
- Arthritis Rehab Program
- Osteoporosis Therapy
- Prehabilitation "Prehab" Program
- TMJ
- Orthotic Fabrication
- Parkinson's LSVT Program

Modalities

- Ultrasound
- Electrical Stimulation
- Iontophoresis
- Medication: _____

Manual Therapy

- Range of Motion
- Cervical/Lumbar Traction
- Soft Tissue Massage
- Deep Tissue Massage
- Trigger Point Release
- Dry Needling

Home Exercise Program

I hereby certify that physical therapy is medically necessary for this patient's plan of care.

Number of visits per week:

1	2	3	4	5
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Treatment Duration (in weeks)

1	2	3	4	5	6	8	12
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Provider Signature

Date

* PLEASE FAX REFERRAL FORM TO:
919-799-2216 Siler City | 336-307-3004 Archdale
336-218-6969 Greensboro