

# **NORTH PLATTE** **PHYSICAL THERAPY**

MARNIE HERRING, DPT, LAT, ATC  
 MELANIE HERRING, PTA  
 EMILY YORGES, LAT, ATC

1301 East M Street  
 Torrington, WY 82240  
 307-532-5355 • FAX 307532-5455  
 www.northplattept.com

QUINN CARROLL, MSPT  
 TARA NICOLAY, PTA  
 MEGAN DUNCAN, LAT, ATC

## PHYSICAL / OCCUPATIONAL THERAPY REFERRAL

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Referring Physician: \_\_\_\_\_ Code: \_\_\_\_\_

Onset Date: \_\_\_\_\_ Patient Aware of Dx:    Yes            No

### TREATMENT DESIRED

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Evaluate and Treat<br><input type="checkbox"/> Modalities<br><input type="checkbox"/> Hot/Cold Pack<br><input type="checkbox"/> Ultrasound/Phonophoresis<br><input type="checkbox"/> Electrical Stimulation<br><input type="checkbox"/> TENS<br><input type="checkbox"/> Iontophoresis<br><input type="checkbox"/> Parafin<br><input type="checkbox"/> Traction | <input type="checkbox"/> Therapeutic Exercise<br><input type="checkbox"/> AROM<br><input type="checkbox"/> PROM<br><input type="checkbox"/> Strengthening<br><input type="checkbox"/> Stretching<br><input type="checkbox"/> Pool<br><input type="checkbox"/> Gait Training<br><input type="checkbox"/> Lifting/Posture Instruction<br><input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> Manual Therapy<br><input type="checkbox"/> Soft Tissue<br><input type="checkbox"/> Joint Mobilization<br><input type="checkbox"/> Other<br><input type="checkbox"/> Hand Program<br><input type="checkbox"/> Splint/Orthotic Fabrication<br><input type="checkbox"/> Functional Capacity Evaluation<br><input type="checkbox"/> Work Site Evaluation<br><input type="checkbox"/> Work Hardening/Conditioning |
|--|---|---|

Special Instructions \_\_\_\_\_

Discharge Date \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Goals: \_\_\_\_\_

Precautions: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_