

NORTH PLATTE **PHYSICAL THERAPY**

Nate Eakins, DPT, OCS, COMT CSCS
 Eloy Vasquez, PT, DPT, OCS
 Kara Carter, PT, DPT, OCS
 Trent Werner, PT, DPT
 Dan Garcia, PT, DPT, CSCS
 Emma Manning, PT, DPT

7226 Commons Drive, Suite B
 Cheyenne, WY 82009
 Phone (307) 514-5834
 Fax (307) 514-5837

Cole Brooks, PTA
 Anne Berry, PTA
 Craig Koger, PTA
 Nicole Johnson, PTA

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

X Evaluate and Treat	X Therapeutic Exercise	X Manual Therapy
X Modalities	X AROM	X Soft Tissue
X Hot/Cold Pack	X PROM	X Joint Mobilization
X Ultrasound/Phonophoresis	X Strengthening	X Other
X Electrical Stimulation	X Stretching	X Graston/ASTYM/IAMT
TENS	Pool	Hand Program
Iontophoresis	Gait Training	Splint/Orthotic Fabrication
Paraffin/ X Cupping	Lifting/Posture Instruction	Functional Capacity Evaluation
Traction	Home Exercise Program	Work Site Evaluation
X Functional Dry Needling	X Strapping / Kinesiotape	Work Hardening/ Conditioning

Special Instructions: N/A _____

Pt discharge: N/A _____ Discharge Date: N/A _____

Reason for discharge: N/A _____

Frequency: 2-3X PER WEEK _____ Duration: 30 DAYS _____

Goals: DECREASE PAIN, INCREASE ROM AND STRENGTH TO IMPROVE FUNCTION. _____

Precautions: PER PROTOCOL _____

Effective Date: _____ Signature: _____ Date: _____