

# BIG COUNTRY REHABILITATION, LLC

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## PHYSICAL / OCCUPATIONAL THERAPY REFERRAL

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

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

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

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

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

### TREATMENT DESIRED

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Evaluate and Treat          | <input type="checkbox"/> Therapeutic Exercise  | <input type="checkbox"/> Manual Therapy              |
| <input type="checkbox"/> Pelvic Floor                | <input type="checkbox"/> AROM                  | <input type="checkbox"/> Soft Tissue                 |
| <input type="checkbox"/> Hot/Cold Pack               | <input type="checkbox"/> PROM                  | <input type="checkbox"/> Joint Mobilization          |
| <input type="checkbox"/> Ultrasound/Phonophoresis    | <input type="checkbox"/> Strengthening         | <input type="checkbox"/> Graston/Cupping             |
| <input type="checkbox"/> Electrical Stimulation      | <input type="checkbox"/> Stretching            | <input type="checkbox"/> Functional Activities       |
| <input type="checkbox"/> Russian Stimulation         | <input type="checkbox"/> Aquatic Therapy       | <input type="checkbox"/> Splint/Orthotic Fabrication |
| <input type="checkbox"/> Iontophoresis/Phonophoresis | <input type="checkbox"/> Gait Training         | <input type="checkbox"/> Adaptive Driving            |
| <input type="checkbox"/> Vestibular/Concussion       | <input type="checkbox"/> Work Hardening        | <input type="checkbox"/> Wound care                  |
| <input type="checkbox"/> Traction Lumbar/Cervical    | <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> Dressing                    |
| <input type="checkbox"/> Functional Dry Needling     | <input type="checkbox"/> Kinesio tape          | <input type="checkbox"/> Debridement                 |

Referral: \_\_\_\_\_

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

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

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

Effective Date: \_\_\_\_\_

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

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