

# NORTH PLATTE PHYSICAL THERAPY

3917 E Pershing Blvd.  
Cheyenne, WY 82001  
(307) 514-2411 • Fax (307) 514-2392

Jessica Mangus, DPT, WCC  
Nikolai Breitkopf, MSPT  
Nicholas Johnson, DPT  
Trenton Neill, DPT  
Ty Parsons, DPT  
Erin Bussman, DPT

Rachel Witham, PTA  
Devin Wright, PTA  
Keah John, PTA  
Eli Brooks, PTA  
Sheyanne Wheeler, PTA

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: 4 WEEKS \_\_\_\_\_

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

Precautions: PER PROTOCOL \_\_\_\_\_

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

## PHYSICAL / OCCUPATIONAL THERAPY REFERRAL