



NORTH PLATTE PHYSICAL THERAPY

CASPER WEST

Matt Woodbury, PT, DPT, OCS
John Francis, PT, DPT, ATC
Sarah Phillips, PT, DPT

3831 Denis Drive, Ste 200
Casper, WY 82604
Ph. (307)234-9067
Fax (307)234-9074

PHYSICAL THERAPY REFERRAL

PATIENT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

DIAGNOSIS: _____

CODES: _____

REFERRING PHYSICIAN: _____

ONSET/SURGERY DATE: _____ PATIENT AWARE OF DX _____ Yes _____ No

- | | | |
|---|---|--|
| <input type="checkbox"/> EVALUATE AND TREAT
<input type="checkbox"/> MODALITIES
<input type="checkbox"/> HOT/COLD PACK
<input type="checkbox"/> ULTRASOUND/PHONOPHORESIS
<input type="checkbox"/> ELECTRICAL STIMULATION
<input type="checkbox"/> TENS
<input type="checkbox"/> IONTOPHORESIS
<input type="checkbox"/> PARAFFIN WAX
<input type="checkbox"/> TRACTION | <input type="checkbox"/> THERAPEUTIC EXERCISE
<input type="checkbox"/> AROM
<input type="checkbox"/> PROM
<input type="checkbox"/> STRENGTHENING
<input type="checkbox"/> STRETCHING
<input type="checkbox"/> POOL/AQUATIC THERAPY
<input type="checkbox"/> GAIT TRAINING
<input type="checkbox"/> LIFTING/POSTURE INSTRUCTION
<input type="checkbox"/> HOME EXERCISE PROGRAM | <input type="checkbox"/> MANUAL THERAPY
<input type="checkbox"/> SOFT TISSUE
<input type="checkbox"/> JOINT MOBILIZATION
<input type="checkbox"/> DRY NEEDLING
<input type="checkbox"/> HAND PROGRAM
<input type="checkbox"/> SPLINT/ORTHOTIC FABRICATION
<input type="checkbox"/> FUNCTIONAL CAPACITY EVALUATION
<input type="checkbox"/> WORK SITE EVALUATION
<input type="checkbox"/> WORK CONDITIONING/HARDENING |
|---|---|--|

SPECIAL INSTRUCTIONS: _____

FREQUENCY _____ DURATION _____

GOALS: _____

PRECAUTIONS: _____

DATE: _____ SIGNATURE: _____