



**Kerry Gustafson, AT/L, ATC, LMP**  
1433 N. State Street, Bellingham, WA 98225  
Hours: Mon-Fri: 9am-6pm  
360-319-3924

Name \_\_\_\_\_

DOB \_\_\_\_\_ Diagnosis (ICD-10) \_\_\_\_\_

Comments/Precautions/Goals \_\_\_\_\_

**(Circle any/all as appropriate)**

**Neck & Back Pain    TMJ dysfunction    Headache    Upper Back Pain**  
**Shoulder Rotator Cuff Impingement    Post-Operative    Orthopedic Rehabilitation**  
**Sports and Dance Injury    The First Year of Childbirth    Motor Vehicle Injury**  
**Foot/Ankle Injury    Hip Injury    Elbow Injury    Sprain and Strain    L&I**

**Treatment Services Offered (circle any/all as appropriate)**

- Evaluate and treat per AT discretion
- Passive/Active ROM
- Therapeutic Exercise
- Stretching/Flexibility Techniques
- Proprioceptive Neuromuscular Facilitation (PNF)
- Myofascial Release
- Soft Tissue and Joint Mobilization
- Progressive Resistive Exercise
- Sports Injury Prevention Program
- Return to Sports Functional Training
- Balance/Proprioception
- Neuromuscular Re-education
- Dynamic Back/Neck Stabilization
- Home Exercise Program
- Posture Retraining
- Biomechanics of Bending and Lifting
- Orthopedic Sport Screen
- Massage Therapy
- Other \_\_\_\_\_

**Frequency:** 1x/wk 2x/wk 3x/wk Other    **Duration:** 2 weeks 3 weeks 4 weeks Other

**Health Care Provider - Signature** (required) \_\_\_\_\_

**Date** \_\_\_\_\_

In making this referral, HCP certifies that athletic training services are a medical necessity.

**Health Care Provider Name (print)** \_\_\_\_\_

**Office Telephone** \_\_\_\_\_