RAINIER FAMILY
physical therapy, ps

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PHYSICAL THERAPY REFERRAL FORM

Name Date

Diagnosis

Date of Injury/Surgery

Precautions/Comments

- ☐ Evaluate and treat per Therapist's discretion
- ☐ Evaluate and treat with the recommendations below:

## MODALITIES/PROCEDURES

- ☐ Heat/Ice
- ☐ Ultrasound
- ☐ Iontophoresis
- ☐ Electric Stimulation
- ☐ TENS
- ☐ Manual Traction
  - __ Cervical
  - __ Lumbar
- ☐ Joint Mobilization
- ☐ Soft Tissue Mobilization
- ☐ Myofascial Release
- ☐ Strain/Counterstrain
- ☐ Gait Training
- ☐ Functional Activity/Training
- ☐ Home Exercise
- ☐ ROM/Stretching
- ☐ Balance/Proprioception
- ☐ Core Stabilization

## ADDITIONAL NOTES:


Physician's Signature:

Physician's Name (printed)