

Physical Therapy Balance Programs

Fitness & Wellness Sports Rehab

Physical Therapy / Rehabilitation Referral

	Patient Name:	Phone:	
	Referring Physician:	Date:	
	Diagnosis:		
A	Evaluate & Treat	Continue Current Rx	
	General Orthopedics:	Pain Relief	
	Pre-Operative	Aquatic Massage Ultrasou	
	Post-Operative	☐ Electrical Stimulation ☐ Game R	eady
	☐ Ankle/Foot ☐ Knee	☐ Iontophoresis ☐ Other	
	☐ Knee	Neurological Rehabilitation	
	Shoulder	Parkinsons Disease	
	Spine	☐ TIA or Stroke ☐ Other	
ATTIVE STATE	_ ,		
	Functional Rehabilitation:	Manual Therapy Soft Tissue Mobilization	
	Aquatic Therapy (select locations) Underwater Treadmill / Pool	Neuromuscular Massage	
	Strengthening	Myofascial Release	
	Cardiovascular	Joint Mobilization	
	Gait / Balance	Medicupping	
	Fall Prevention	Traction	
	Osteoporosis	Cervical	
	ADL Training	Lumbar	
	Flexibility / R.O.M.	Frequency: Days per wee	k
	Fibromyalgia	Duration: Weeks / Mont	
	Other:	circle one	ins
	Special Instructions:		
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7 20/			
	Physician Signature:		
Car 699	I certify that this treatment is medically necessary.		
TIME	® F	VZIOAIM	



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