



Physical Therapy  
Balance Programs

Fitness & Wellness  
Sports Rehab

Physical Therapy / Rehabilitation Referral

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Evaluate & Treat

Continue Current Rx

General Orthopedics:

- Pre-Operative
- Post-Operative
  - Ankle/Foot
  - Knee
  - Hip
  - Shoulder
  - Spine

Pain Relief

- Aquatic Massage
- Electrical Stimulation
- Iontophoresis
- Ultrasound
- Game Ready
- Other

Neurological Rehabilitation

- Parkinsons Disease
- TIA or Stroke
- Other

Functional Rehabilitation:

- Aquatic Therapy (*select locations*)  
*Underwater Treadmill / Pool*
- Strengthening
- Cardiovascular
- Gait / Balance
- Fall Prevention
- Osteoporosis
- ADL Training
- Flexibility / R.O.M.
- Fibromyalgia
- Other: \_\_\_\_\_

Manual Therapy

- Soft Tissue Mobilization
- Neuromuscular Massage
- Myofascial Release
- Joint Mobilization
- Medicupping

Traction

- Cervical
- Lumbar

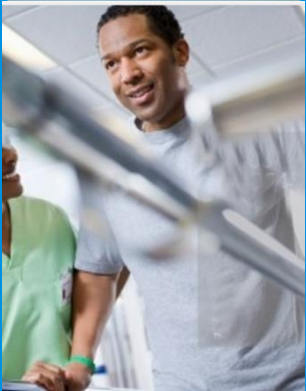
Frequency: \_\_\_\_\_ Days per week

Duration: \_\_\_\_\_ Weeks / Months  
circle one

Special Instructions: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

*I certify that this treatment is medically necessary.*



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