



Realize YOUR Potential

PHYSICAL THERAPY REFERRAL

Date: _____

Patient Name: _____

Patient Phone #: _____ Date of Birth: _____

Diagnosis: _____

Treatment: _____

Comments & Contraindications: _____

Rx Frequency: PRN Per Week for Weeks

Procedures & Modalities:	<input type="radio"/> Per Therapist Judgment	
<input type="radio"/> Evaluation/Consultation	<input type="radio"/> Industrial Rehabilitation	<input type="radio"/> Traction
<input type="radio"/> Mobilization/Manual Therapy	<input type="radio"/> FCE	<input type="radio"/> Phonophoresis
<input type="radio"/> Vestibular Rehab	<input type="radio"/> Work Conditioning	<input type="radio"/> Iontophoresis
<input type="radio"/> Myofascial Release/Massage	<input type="radio"/> Work Hardening	
<input type="radio"/> Gait Training/Biomechanical Assessment	<input type="radio"/> Modalities/Other:	
<input type="radio"/> Posture/Spine Education	_____	
<input type="radio"/> Return to Sport/Life	_____	
<input type="radio"/> Strengthening/HEP	_____	
<input type="radio"/> Women's/Men's Pelvic Health	_____	

Physician Signature: _____

Mount Vernon Clinic 110 N. LaVenture Rd., Suite A Mount Vernon, WA (360) 428-2700 Fax: (360) 428-2701	Bellingham Clinic 814 Dupont Street Bellingham, WA (360) 671-2900 Fax: (360) 671-2828	Burlington Clinic 135 W Fairhaven Ave. Burlington, WA (360) 755-9111 Fax: (360) 755-1320	Sedro-Woolley Clinic 709 Cook Rd. Sedro Woolley, WA (360) 873-8191 Fax: (360) 873-8196
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