

PHYSICAL THERAPY REFERRAL & CONSULTATION

Patient Name: _____ Date: _____

Patient Phone: _____ Patient DOB: _____

Diagnosis: _____

Request: Evaluate and Treat Evaluation Only Pre Rehab

Frequency: _____ Duration: _____

If you request selective intervention for this patient, indicate below:

- | | | |
|--|---|--|
| <input type="radio"/> Bracing/Splinting* | <input type="radio"/> Risk Factor Modification | <input type="radio"/> TRX |
| <input type="radio"/> Cardiovascular Therapy | <input type="radio"/> Soft Goods (inserts/braces) | <input type="radio"/> Vestibular/Balance* |
| <input type="radio"/> Gait Evaluation/Training | <input type="radio"/> Soft Tissue Mobilization | <input type="radio"/> BPPV |
| <input type="radio"/> Home Program | <input type="radio"/> Spine Care | <input type="radio"/> Parkinson's |
| <input type="radio"/> IASTM-Soft Tissue Mobilization | <input type="radio"/> Strength Conditioning | <input type="radio"/> TBI |
| <input type="radio"/> Injury Risk Evaluation | <input type="radio"/> Stress Management | <input type="radio"/> Peripheral Vestibular Disorder |
| <input type="radio"/> Low Back Pain Management | <input type="radio"/> TENS Set Up | <input type="radio"/> Disequilibrium of Aging |
| <input type="radio"/> Manual Therapy | <input type="radio"/> Therapeutic Exercise | <input type="radio"/> Stroke |
| <input type="radio"/> Orthotics* | <input type="radio"/> Therapeutic Modalities | <input type="radio"/> MS |
| <input type="radio"/> Plyometrics | <input type="radio"/> Traction | |
| <input type="radio"/> Range of Motion | <input type="radio"/> Trigger Point Dry Needling | |

Specialty:

- | | |
|---|--|
| <input type="radio"/> AlterG Treadmill Therapy* | <input type="radio"/> Pilates Exercises* |
| <input type="radio"/> <i>persistent</i> Chronic Pain | <input type="radio"/> Running/Sports Examination & Assessment |
| <input type="radio"/> Complex/High Risk/Medically Fragile | <input type="radio"/> Sports Medicine |
| <input type="radio"/> De-weighting Treadmill Training | <input type="radio"/> Weight Control/Loss |
| <input type="radio"/> Electromyography (EMG) | <input type="radio"/> Wellness/Cardio Evaluation & Exercise Prescription |
| <input type="radio"/> Hand Therapy | <input type="radio"/> Women's Health |
| <input type="radio"/> Nerve Conduction Studies (NCS) | <input type="radio"/> Pelvic Floor Rehab |
| <input type="radio"/> Orthopaedics | <input type="radio"/> Workers Compensation |

Comments: _____

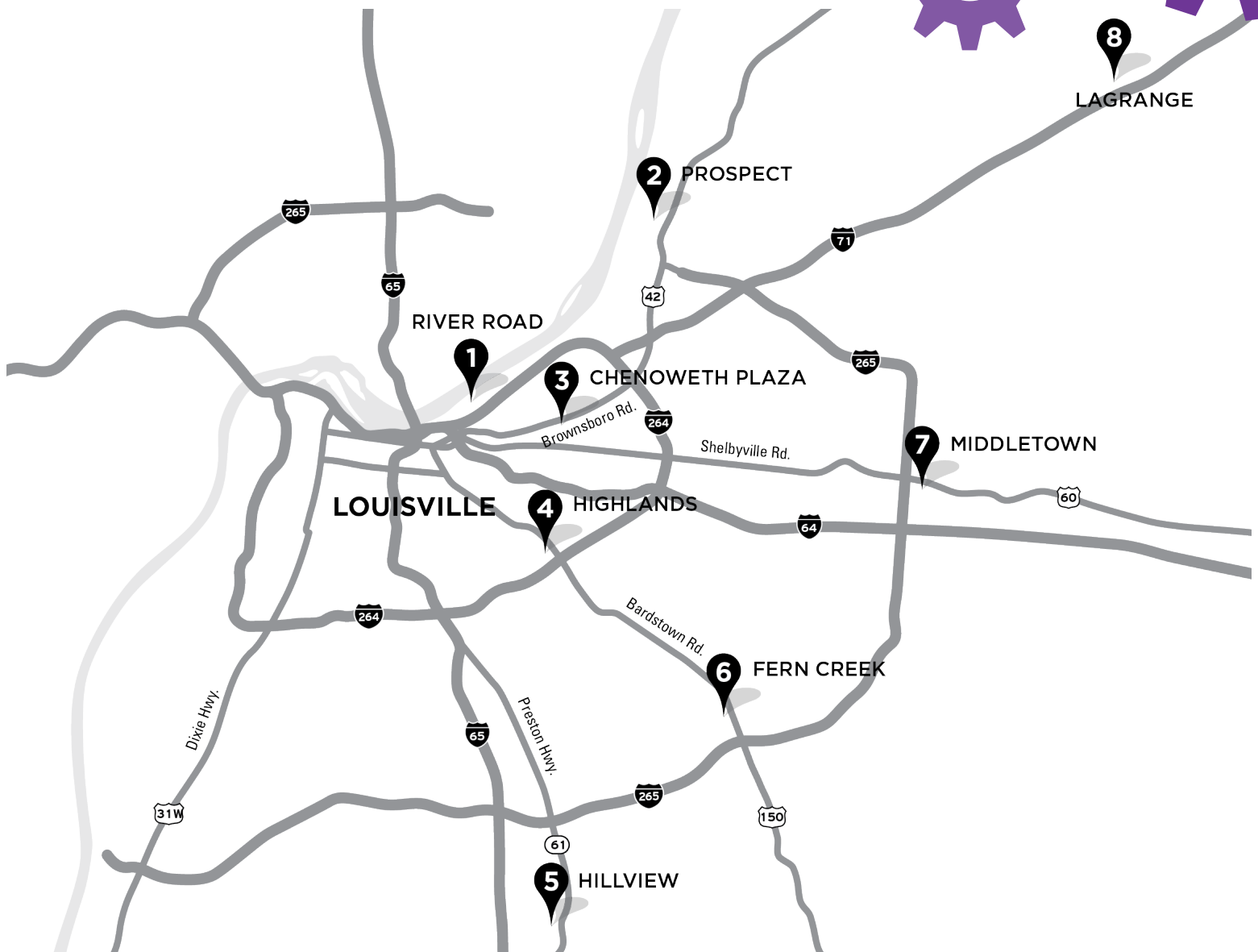
I certify that the treatment is medically necessary and will be reviewed every 30 days.

 Referring Provider's Signature

 Please Print Name

 Date

Get Back To Life. FASTER.™



1 River Road*

2040 Metal Lane
Louisville, KY 40206
p 502.509.1853
f 502.245.1146

3 Chenoweth Plaza

3630 Brownsboro Road
Louisville, KY 40207
p 502.749.6950
f 502.749.6953

5 Hillview*

170 Dr. Arla Way
Louisville, KY 40229
p 502.955.1081
f 502.955.1091

7 Middletown*

175 S English Station Road
Ste. 220, Louisville, KY 40245
p 502.245.1136
f 502.245.1146

2 Prospect†

5919 Timber Ridge Drive
Prospect, KY 40059
p 502.292.0800
f 502.292.0400

4 Highlands†

3052 Bardstown Road
Louisville, KY 40205
p 502.454.5544
f 502.454.5562

6 Fern Creek

6610 Bardstown Road
Louisville, KY 40291
p 502.762.1243
f 502.762.9114

8 LaGrange*

1407 E Crystal Drive
LaGrange, KY 40031
p 502.222.0280
f 502.222.0290

†Formerly PT Plus *Formerly Apex Physical Therapy