

Physical Therapy / Medicare Rehabilitation Referral

PATIENT INFORMATION

Date _____

Name _____ Phone _____

Diagnosis _____

Insurance(s) _____

PHYSICAL THERAPY

- Evaluate & Treat
- Continue Therapy

GENERAL ORTHOPEDICS

- Pre-Operative
- Post-Operative
 - Knee
 - Hip
 - Shoulder
 - Spine
- Notes

FUNCTIONAL REHABILITATION

- Strengthening
- Cardiovascular
- Gait / Balance
- Fall Prevention
- Osteoporosis
- ADL Training
- Flexibility / R.O.M.
- Fibromyalgia

FUNCTIONAL LIMITATION(S)

- Balance / Instability
- Decreased Function
- Difficulty Walking
- Abnormal Movement
- Abnormal Posture
- Gait Abnormality
- Muscular Weakness
- Muscular Incoordination
- Equalibrium Disturbance
- Peripheral Neuropathy

PHASE III / IV CARDIAC REHAB

- MI
- Bypass
- Other

NEUROLOGICAL REHABILITATION

- LSVT BIG Program
- Parkinsons Disease
- TIA or Stroke
- Other

MANUAL THERAPY

- Soft Tissue Mobilization
- Massage
- Myofascial Release
- Muscle Energy Technique
- Muscle Reduction / NMS

TRACTION

- Cervical
- Lumbar

PERSONALIZED EXERCISE PROGRAM

WELLNESS PROGRAM

NOTES / OTHER

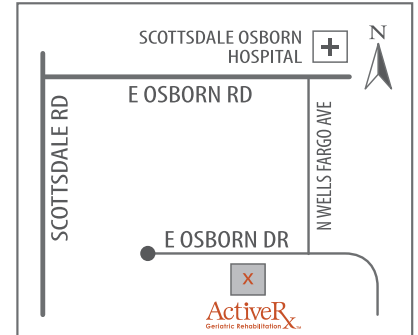
FREQUENCY

2 3 4 5 DAYS PER WEEK

DURATION

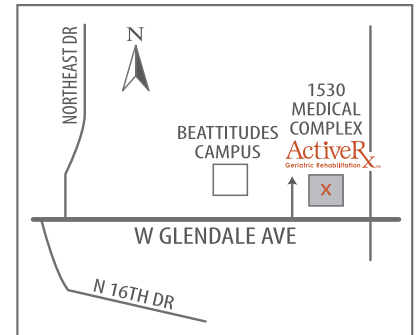
3 4 6 8 12 WEEKS

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Sun City West / Surprise



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Physician Name _____

Signature _____

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ActiveRx.com/referral**