

198 E. Wesmark Blvd • Suite 1
Sumter, SC 29150



(803) 774-2781 TEL
(803) 774-2782 FAX

Referral Form

Name: _____ Date: _____

Diagnosis: _____

Procedures:

- | | | |
|---|---|---|
| <input type="checkbox"/> Evaluate and treat (PT/OT) | <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Alter G Anti-Gravity Treadmill |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Cardiovascular Conditioning | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> Vestibular Rehab | <input type="checkbox"/> Pre-op Eval. & Post-op follow up | <input type="checkbox"/> Work Conditioning |
| | <input type="checkbox"/> Kinesiotaping | |

Modalities:

May substitute other appropriate modalities

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Moist heat | <input type="checkbox"/> Electrical Stim. | <input type="checkbox"/> TENS | <input type="checkbox"/> Cryotherapy |
| <input type="checkbox"/> Phonophoresis with _____ | <input type="checkbox"/> Traction | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Powerplay Cold |
| <input type="checkbox"/> Iontophoresis /Iontopatch with _____ | <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Massage | <input type="checkbox"/> and Compression Therapy |

Goals:

- | | | |
|--|---|--|
| <input type="checkbox"/> Decrease Pain | <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Increase ROM |
| <input type="checkbox"/> Decrease Swelling | <input type="checkbox"/> Increase Endurance | <input type="checkbox"/> Return to normal function/sports/work |
| <input type="checkbox"/> Independent with exercise program | <input type="checkbox"/> Increase Balance | <input type="checkbox"/> Improve Gait |

Comments:

Frequency _____ Duration _____ Physician Signature _____