



PHYSICAL THERAPY REFERRAL & CONSULTATION

Patient Name: _____ Date: _____

Patient Phone: _____ Patient DOB: _____

Diagnosis: _____

Request: PT Evaluate and Treat Evaluation Only Pre-op Rehab

Frequency: _____ Duration: _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Gait Evaluation/Training | <input type="checkbox"/> Plyometrics | <input type="checkbox"/> Traction |
| <input type="checkbox"/> Home Program | <input type="checkbox"/> Range of Motion | <input type="checkbox"/> Trigger Point Dry Needling |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Vestibular/Balance
(BPPV, Parkinson's, Stroke, MS) |
| <input type="checkbox"/> Modalities | <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Eccentric Program |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> TMD | |

Specialty:

- | | |
|--|--|
| <input type="checkbox"/> Pool Therapy* | <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> AlterG Treadmill Therapy* | <input type="checkbox"/> Return to Sport |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Running/Sports Examination & Assessment |
| <input type="checkbox"/> Injury Prevention Program | <input type="checkbox"/> Strength Conditioning |
| <input type="checkbox"/> IASTM (Graston) | <input type="checkbox"/> Blood Flow Restriction* |
| <input type="checkbox"/> Biomechanical Analysis | <input type="checkbox"/> Taping Techniques (Kinesiotape) |

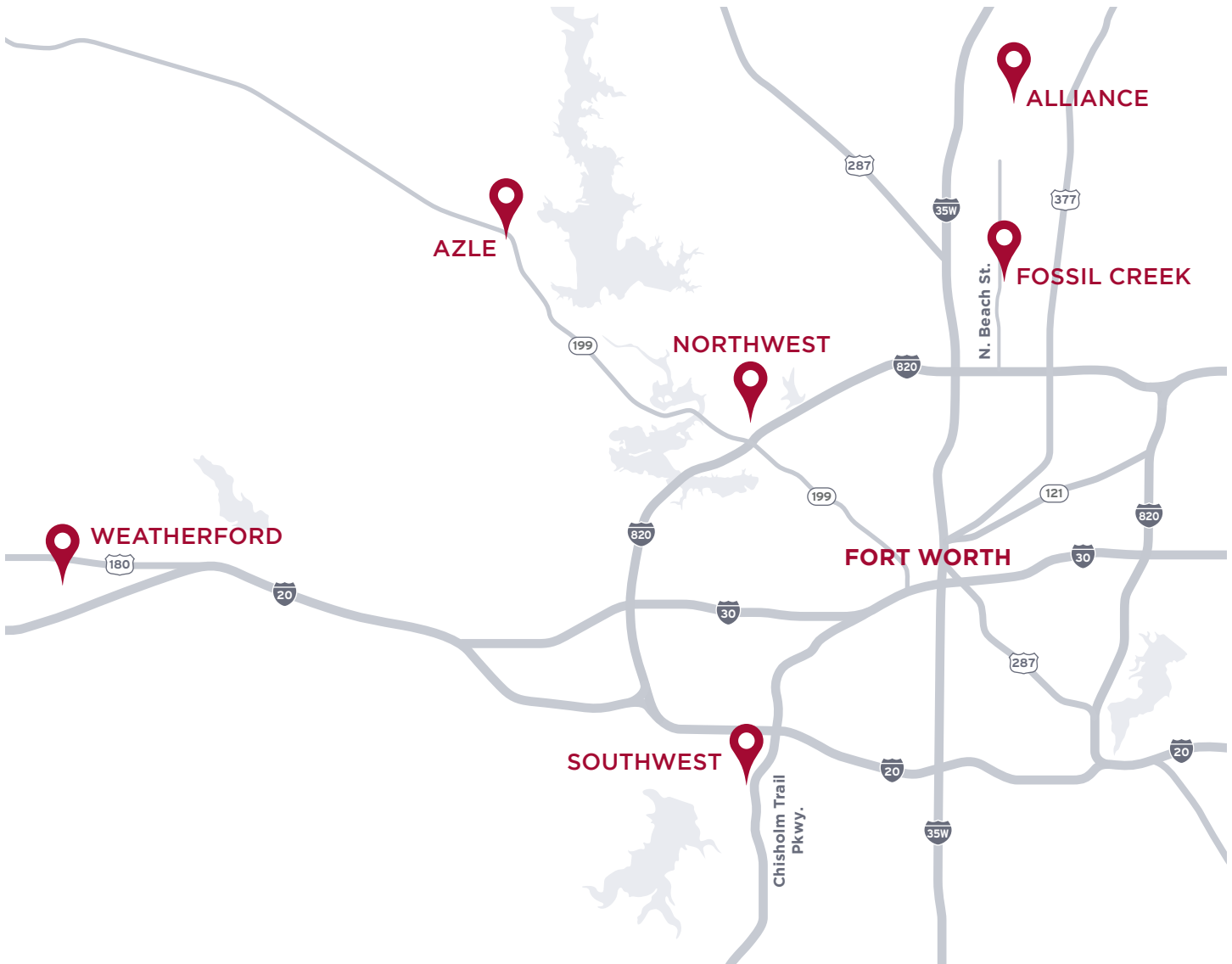
Comments: _____

Referring Provider's Signature

Please Print Name

Date

*Signifies programs not available at every location.
See back for clinic contact information.



Southwest

6501 Harris Parkway
Fort Worth, TX 76132
p 817.370.9891 | f 817.370.9894

Azle

137 Industrial Avenue
Azle, TX 76020
p 817.270.2975 | f 817.270.3596

Weatherford

965 Hilltop Drive
Weatherford, TX 76086
p 817.594.7636 | f 817.594.8955

Northwest

4108 Boat Club Road
Fort Worth, TX 76132
p 817.238.9295 | f 817.238.9299

Fossil Creek

7630 N. Beach Street
Fort Worth, TX 76137
p 817.428.9900 | f 817.428.9921

Alliance

12457 Timberland Boulevard, #205
Fort Worth, TX 76244
p 682.213.3006 | f 682.316.6643