

THERAPY REFERRAL



PRIMARY THERAPY SOURCE

PHYSICAL OCCUPATIONAL SPEECH THERAPY

- Adaptive Equipment Assessments
- Aquatic Therapy
- Back, Neck & Headache Pain Care
- Balance & Coordination Training
- Cardiopulmonary Endurance Training
- Craniosacral Therapy
- Ergonomic Assessments
- Fine Motor Skill Development
- Fitness Assessments
- Gait Training
- Hippotherapy/Therapeutic Riding
- Infant & Child Developmental Assessments
- Lymphedema Management
- Massage & Soft Tissue Mobilization
- Neurologic & Orthopedic Evaluations
- Orthotic & Prosthetic Training
- Orthopedic Rehabilitation
- Pain Management
- Pediatric Burn Care
- Pediatric Evaluation & Treatment
- Pediatric Motor Development Training
- Pre-Natal Back Pain Management
- Post-Mastectomy Rehabilitation
- Post-Operative Care
- Sensory Integration Therapy
- Spinal Cord Injury Rehabilitation
- Spinal Stabilization & Strengthening
- Sports Injury Rehabilitation
- Strength Training Programs
- Therapeutic Exercise
- Visual-Perceptual Skill Training
- Work Injury Rehabilitation
- Wound Care
- Feeding Therapy
- Oral-Motor Evaluation & Treatment
- Pediatric Communication Assessments
- Receptive/Expressive Language Therapy

Patient Name: _____

Patient Phone: _____

Diagnosis: _____

_____ **Physical Therapy Exam & Treatment**

_____ **Occupational Therapy Exam & Treatment**

_____ **Speech Therapy Exam & Treatment**

Frequency: _____ x week **Duration:** _____ weeks

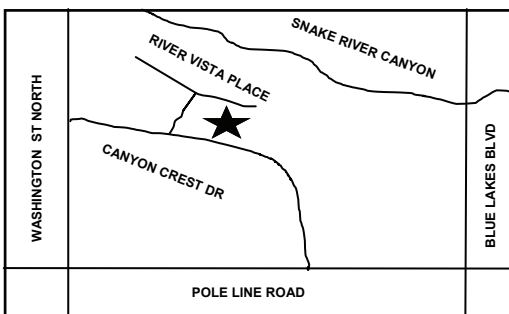
Remarks:

Physician Signature: _____

Date: _____ **Physician Office Phone:** _____

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