



Columbia Physical Therapy, P.C.

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Referral For Physical Therapy

Patient Information

Name _____ Date _____

Diagnosis 1 _____ Diagnosis 2 _____

Precautions / Comments _____

Evaluate & Treat

Aquatic Therapy

Manual Therapy

___ Joint / Spinal Mobilization

___ Soft Tissue Mobilization

___ Myofascial Release

___ Manual Traction

Therapeutic Massage

Therapeutic Exercise

Gait Training

Procedures / Techniques / Tests

McKenzie Protocol

Anodyne / MIRE Therapy

Kinetic Activities

Neuromuscular Re-Education Techniques

Body Mechanics / Postural Training

Therapeutic Modalities

McConnell Taping

Lymphatic Management

Functional Capacity Evaluation

Work Hardening

Vestibular Rehabilitation

Balance Treatment

Women's Health Care

___ Osteoporosis Program

___ Pregnancy Related Pain

Frequency: QD TIW BIW

Duration: _____ Weeks

M.D., D.O., D.P.M., D.D.S., N.P., P.A.