



Personal Treatment with Professional Results

Referral Form/Care Plan

For your convenience, we will do all pre-certifications.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Surgery: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

DR: \_\_\_\_\_ Date: \_\_\_\_\_
MD Signature

DR: \_\_\_\_\_ Phone: \_\_\_\_\_
Printed Name

[ ] EVAL AND TREAT [ ] PT

[ ] Special Precautions/Instructions: \_\_\_\_\_

Treatments/Exercises:

- [ ] Active ROM
[ ] Passive ROM
[ ] Lumbar Strengthening
[ ] PRE
[ ] Home Exercise Program
[ ] Closed/Open Chain
[ ] Gait Training
[ ] NWB [ ] PWB [ ] WBAT
[ ] Function/ADL Training
[ ] Mobilization
[ ] Shoulder Rehab
[ ] Ankle Rehab
[ ] Rotator Cuff Program
[ ] ACL Protocol
[ ] TKA Protocol
[ ] THA Protocol
[ ] Total Shoulder Protocol
[ ] ASTYM
[ ] Geriatrics
[ ] Aquatics
[ ] Hand Therapy

- [ ] Manual Therapy
[ ] Massage Therapy
[ ] TMJ
[ ] Plantar Fasciitis
[ ] Vertigo
[ ] Bariatric

Industrial Rehabilitation:

- [ ] Work Conditioning
[ ] Back School
[ ] Work Site Evaluation

Specialty Programs:

- [ ] Wound Care
[ ] Osteoporosis
[ ] Fibromyalgia
[ ] Sports Medicine
[ ] Hand Therapy
[ ] Industrial Rehabilitation
[ ] Outpatient Neurological Program
[ ] Vestibular Rehabilitation
[ ] Lymphedema Therapy

Modalities:

- [ ] PRN at Therapist Discretion
[ ] Moist Heat
[ ] Ice
[ ] Ultrasound
[ ] E-Stim
[ ] Iontophoresis
[ ] Traction
[ ] TENS
[ ] Home TENS/Traction Unit
[ ] Vasopneumatic Compression

North

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