

PHYSICAL THERAPY REFERRAL



SANTIAM PHYSICAL THERAPY

Brian Corbett, PT

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Phone: 541-258-8222

DATE _____ ICD-10 CODE _____

NAME _____ PHONE # _____

DIAGNOSIS _____

SURGICAL PROCEDURE _____ DOS _____

RX FREQUENCY _____ PER WEEK _____ WEEKS

EVALUATE AND TREAT

PROCEDURES

- | | |
|---|---|
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> Back Rehabilitation | <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> Stroke Rehabilitation | <input type="checkbox"/> Strength Conditioning |
| <input type="checkbox"/> Lumbar Stabilization | <input type="checkbox"/> Myofascial Release |
| <input type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Myokinesthetic Treatment |

MODALITIES

- Modalities as needed
- Electrical Stimulation
- Ultrasound

MECHANICAL TRACTION

- Cervical
- Lumbar

INDUSTRIAL REHABILITATION

- | | |
|---|---|
| <input type="checkbox"/> Physical Capacity Evaluation | <input type="checkbox"/> Work Hardening |
| <input type="checkbox"/> Physical Conditioning | |

PRECAUTIONS/INSTRUCTIONS:

Physician Signature _____

In signing this referral, physician certifies that rehab is medically necessary