1915 Broad St, Chattanooga, TN 37408
423.468.4067 Fax 423.370.1670
www.PeakFitnessandPT.com

Name: ______________________ Date: __________

Diagnosis/ICD-10: ______________________ DOS: __________

Frequency: 1x 2x 3x 4x 5x/wk

Duration: 1wk 2wk 3wk 4wk 5wk 6wk

- O Evaluate and treat as appropriate

Therapeutic Exercise:

- O ROM
- O Strengthening
- O Stabilization
- O HEP Instruction

Functional Training:

- O Gait Training
  - WB Status: __________
  - Device: __________

Modalities:

- O PRN, as indicated
- O Moist Heat / Cold Pack
- O Electrical Stimulation / TENS
- O Ultrasound
- O Biofeedback

Manual Therapy:

- O Soft Tissue Mobilization
- O Joint Mobilization

Special Programs:

- O Pilates
- O Sports Medicine
- O Gait Analysis
- O Women's Health
- O Pediatric Orthopedics
- O Lymphedema
- O Chronic Pain
- O Return-to-Sport
- O Balance Re-training
- O Neurological Rehabilitation
- O Post-Surgical Rehabilitation
- O Vestibular Rehabilitation
- O Worker's Compensation
- O Back Health / Postural Education

Comments / Precautions: ______________________

____

Physician Signature: ______________________ Date: __________

In making this referral, the physician certifies physical therapy is a medical necessity.