

Physical Therapy Referral
For an appointment, please call (714) 524-4859

Physical Therapy Requested **Referral Date:** _____

Patient's Name:	Contact Phone #:
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Diagnosis:

Precautions/Comments:

Frequency Per Week: 1 2 3 4 5

Duration: _____ Weeks

PT Evaluation and Treatment

<input type="checkbox"/> Therapeutic Exercise <input type="checkbox"/> Pelvic Stabilization <input type="checkbox"/> AROM <input type="checkbox"/> Postural <input type="checkbox"/> Manual Therapy <input type="checkbox"/> Soft Tissue Mobilization <input type="checkbox"/> Joint Mobilization <input type="checkbox"/> PROM <input type="checkbox"/> Electrical Stimulation <input type="checkbox"/> Functional <input type="checkbox"/> Interferential <input type="checkbox"/> TENS <input type="checkbox"/> Ultrasound <input type="checkbox"/> Iontophoresis	<input type="checkbox"/> Therapeutic Activities <input type="checkbox"/> Bed Mobility <input type="checkbox"/> Transfer Training <input type="checkbox"/> Balance & Coordination <input type="checkbox"/> Body Mechanics <input type="checkbox"/> Neuro Re-Education <input type="checkbox"/> Gait Training <input type="checkbox"/> Weight Bearing: _____ <input type="checkbox"/> Moist Heat <input type="checkbox"/> Cold Packs <input type="checkbox"/> Traction <input type="checkbox"/> Mechanical Cervical <input type="checkbox"/> Mechanical Lumbar <input type="checkbox"/> Manual Cervical	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Protocols <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Knee Rehab
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MEDICARE CERTIFICATION: I **Certify** **Recertify** that I have examined the patient and Physical Therapy is necessary and service will be furnished on an outpatient basis while the patient is under my care, and that the plan is established and will be reviewed every 90 days or more often if the patient's condition requires. I estimate that these services will be needed for about _____ (Specify number of days / weeks / months).

Physician Signature: _____ Date: _____

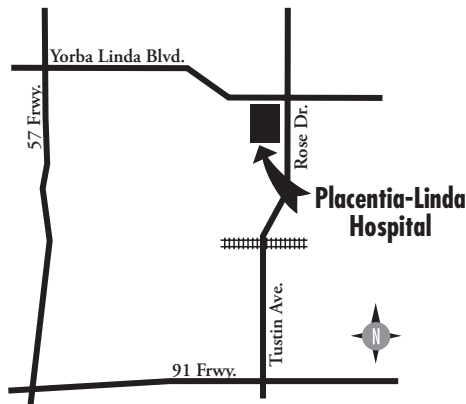
We feature a full-service inpatient and outpatient Physical Therapy department and are committed to the well-being of your patients. We have a separate entrance and designated parking, making accessibility convenient for our guests. For appointments, please call **714-524-4859**.

Outpatient Physical Therapy Specialties:

- One-on-One Individualized Programs
- Post-Operative Care for all Total Joints
- Hands-On Manual Therapy Techniques
- Progressive Rehabilitation to Achieve Maximum Function
- Balance and Gait Training
- Spine Care
- Convenient, Easily Accessible Parking

We accept:

- ✓ **Most Health Plans**
- ✓ **Medicare**
- ✓ **Worker's Compensation**
- ✓ **Cash Pay**



Please bring your insurance/Medicare card with you.

We look forward to seeing you!