



# COLUMBIA PHYSICAL THERAPY

## PHYSICAL THERAPY REFERRAL

<input type="checkbox"/> <b>Pasco</b> 1632 W. Court Pasco, WA 99301 (509) 547-3636 Fax: (509) 545-5095 <i>Clay Smith, P.T.</i> <i>Brian Brooks, P.T.</i>	<input type="checkbox"/> <b>Kennewick</b> 35 S. Louisiana St. #A140 Kennewick, WA 99336 (509) 582-0429 Fax: (509) 582-1182 <i>Matthew Pattillo, P.T.</i> <i>Kirk Holle, P.T.</i> <b>Se Habla Español all offices</b>	<input type="checkbox"/> <b>Richland</b> 343 Wellsian Way Richland, WA 99352 (509) 946-9191 Fax: (509) 946-8247 <i>Dale Blatter, P.T.</i> <i>Clark Heath, P.T.</i>
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Date \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Surgical Procedure \_\_\_\_\_

**RX FREQUENCY** \_\_\_\_\_ per week \_\_\_\_\_ weeks

**EVALUATE AND TREAT**

**Procedures**

- |  |  |
|--|--|
| <input type="checkbox"/> R.O.M./Flexibility    | <input type="checkbox"/> Joint Mobilization          |
| <input type="checkbox"/> Spinal Rehabilitation | <input type="checkbox"/> Soft Tissue Mobilization    |
| <input type="checkbox"/> Stroke Rehabilitation | <input type="checkbox"/> Gait Training               |
| <input type="checkbox"/> Foot Therapy          | <input type="checkbox"/> Strength and Conditioning   |
| <input type="checkbox"/> Hand Therapy          | <input type="checkbox"/> Sports Performance Training |

**Aquatic Physical Therapy (Available at Richland and Kennewick Offices)**

**Modalities**

- |   |                                     |                                   |
|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Modalities as needed   | <input type="checkbox"/> Ultrasound | <b>TRACTION</b>                   |
| <input type="checkbox"/> Paraffin               | <input type="checkbox"/> Whirlpool  | <input type="checkbox"/> Cervical |
| <input type="checkbox"/> Electrical Stimulation |                                     | <input type="checkbox"/> Lumbar   |

**Industrial Rehabilitation**

- |   |   |
|---|---|
| <input type="checkbox"/> Ergonomic Assessment     | <input type="checkbox"/> Physical Capacity Evaluation |
| <input type="checkbox"/> Physical Conditioning    | <input type="checkbox"/> Work Hardening               |
| <input type="checkbox"/> Pre-employment Screening |   |

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

**Precautions/ Instructions:**

Physician Signature \_\_\_\_\_

Physician Name (Printed) \_\_\_\_\_