COLUMBIA PHYSICAL THERAPY

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PHYSICAL THERAPY REFERRAL

Date _____ ICD-9 Code _____

Name _____

Diagnosis _____

Surgical Procedure _____

RX FREQUENCY _____ per week _____ weeks

❑ **EVALUATE AND TREAT**

MODALITIES

- ❑ Moist Heat
- ❑ Cold Packs
- ❑ Paraffin
- ❑ Electrical Stimulation
- ❑ Ultrasound

TRACTION

- ❑ Cervical
- ❑ Lumbar

HYDROTHERAPY

- ❑ Whirlpool
- ❑ Contrast Bath

PROCEDURES

- ❑ Joint Mobilization
- ❑ Gait Training
- ❑ Therapeutic Exercise
- ❑ Soft Tissue Mobilization

INDUSTRIAL REHABILITATION

- ❑ Back School
- ❑ Physical Conditioning
- ❑ Physical Capacity Evaluation
- ❑ Work Hardening

Precautions / Instructions:

In making this referral, physician certifies that prescribed rehabilitation is medically necessary.

Physician Signature: _____ Date: _____