

PHYSICAL THERAPY REFERRAL FORM

Date: _____

Patient Name: _____





Patient Phone: _____ Patient DOB: _____

Diagnosis: _____

Next Physician Appointment: _____

Eval & Treat Continue Therapy PT _____ x a week for _____ weeks

PHYSICAL THERAPY *(Locations Below)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Manual Therapy  | <input type="checkbox"/> Neuromuscular Reeducation | <input type="checkbox"/> Traction |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Balance/Coordination | <input type="checkbox"/> Dry Needling  |
| <input type="checkbox"/> Therapeutic Activity | <input type="checkbox"/> Vestibular Rehab  | <input type="checkbox"/> Aquatic Therapy  |
| | <input type="checkbox"/> Post-Op Protocol | <input type="checkbox"/> Other |

Special Precautions / Instructions: _____

Provider Signature: _____ Date: _____

Provider Name (printed): _____ Phone: _____

In making this referral, the provider certifies that the prescribed rehabilitation is a medical necessity.

NORTH TEXAS LOCATIONS

WWW.TXPTP.COM

1. WEST PLANO  

3012 Communications Pkwy, Bldg V-100, Plano, TX 75093
 P: 469-467-6868 F: 469-467-6873
Orthopedic Manual Physical Therapy Institute

2. PLANO   

2301 Coit Road, Plano, TX 75075
 P: 972-599-9191 F: 972-599-2323
Centre of Physical Rehabilitation

3. PLANO   

1101 Ohio Drive, Ste. 110, Plano, TX 75093
 P: 972-985-2622 F: 972-985-2630
The Institute for Sports & Spine Rehabilitation

4. RICHARDSON  

375 Municipal Drive, Ste. 108, Richardson, TX 75080
 P: 214-575-4040 F: 214-575-4041
Richardson Spine & Sports Therapy

5. DALLAS  

8144 Walnut Hill Lane, Ste. 100, Dallas, TX 75231
 P: 214-346-0677 F: 214-346-0324
Orthopedic Manual Physical Therapy Institute

6. UPTOWN DALLAS  

3500 Oak Lawn Avenue, Ste. 105, Dallas, TX 75219
 P: 214-242-8904 F: 214-272-3644
Orthopedic Manual Physical Therapy Institute