



COLUMBIA PHYSICAL THERAPY

PHYSICAL THERAPY REFERRAL

<input type="checkbox"/> Pasco 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"/> Kennewick 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> Se Habla Español all offices	<input type="checkbox"/> Richland 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-10 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 | <input type="checkbox"/> Traction |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Heat/Ice |

Industrial Rehabilitation

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

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

Precautions/ Instructions:

Physician Signature _____

Physician Name (Printed) _____