1500 W. High Street
Mt. Pleasant, MI 48858
Phone: 989-772-0258
Fax: 989-953-4603
www.cmrehab.com
cmrehab@gmail.com

Physical Therapy Referral

Date: ____________________

Patient's Name: ____________________

Diagnosis: ____________________

Precautions: ____________________

Frequency: __________ x/week for _____ weeks.

- ❑ Evaluate and Treat
- ❑ Modalities
  - ❑ Heat/Cold
  - ❑ Ultrasound
  - ❑ Phonophoresis
  - ❑ Iontophoresis
  - ❑ Electrical Stimulation
  - ❑ Infared Light Therapy
  - ❑ T.E.N.S.
  - ❑ Traction – Cervical/Pelvic
  - ❑ Paraffin
- ❑ Work Hardening
- ❑ Functional Capacity Eval
- ❑ Job Site Analysis
- ❑ Biomechanics/Postural Education
- ❑ Other
- ❑ Exercise/Home Program
  - ❑ PROM
  - ❑ AAROM
  - ❑ AROM
  - ❑ Strength/Stretch
    - ❑ Isokinetic
    - ❑ Closed Chain
  - ❑ Lumbar Stabilization
- ❑ Massage
- ❑ Manual Therapy/Joint Mobs
- ❑ Gait Training
- ❑ Soft Tissue Mobs/MFR
- ❑ Orthotic Therapy
- ❑ Speech Therapy
- ❑ Occupational Therapy
- ❑ Aquatic Therapy

I certify that I have examined the patient and determined physical therapy is necessary.

Physician's Signature ____________________

Print Name ____________________

Hours: Monday through Friday 8 AM to 7 PM
Saturday by appointment

Your First Choice for Quality, Hands-on Care.

US 127

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