

# Physical Therapy Referral

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Dallas Williams, PT  
Founder

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conroe</b> 1020 Riverwood Ct. Ste 120 P (936) 494-1292 F (936) 521-2299 Aquatic Therapy available: YES	<b>Huntsville Main</b> 127 Medical Park Ln P (936) 294-0283 F (936) 294-9878 Aquatic Therapy available: YES	<b>Huntsville North</b> 227 Hwy 75N, Ste 245 P (936) 294-0283 F (936) 294-9878 Aquatic Therapy available: NO

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Diagnosis/code: \_\_\_\_\_

Precautions / Restrictions: \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

## Evaluate and Treat

- |   |   |
|---|---|
| <input type="checkbox"/> Aquatic Therapy            | <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> Neuromuscular Re-Education | <input type="checkbox"/> AROM                 |
| <input type="checkbox"/> Dry Needling               | <input type="checkbox"/> PROM                 |
| <input type="checkbox"/> Traction                   | <input type="checkbox"/> Strengthening        |
| <input type="checkbox"/> Pelvic Floor               | <input type="checkbox"/> Stretching           |

## Special Instructions:

I certify that the above named patient is under my care and requires physical therapy services on an outpatient basis and under a plan established and reviewed within 30 days by me as attending physician.

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