



PHYSICAL THERAPY REFERRAL

Patient Name: _____

Diagnosis: _____

Frequency/Duration: Daily 1 x Week 2 x Week 3 x Week ____ Weeks

EVALUATION & TREATMENT

- | | | | |
|---|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Knee | <input type="checkbox"/> Wrist/Hand | <input type="checkbox"/> Dry Needling |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Ankle/Foot | <input type="checkbox"/> Home TENS | <input type="checkbox"/> Virtual Reality |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Elbow | <input type="checkbox"/> Balance/Gait | <input type="checkbox"/> Pre-hab |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Shoulder | <input type="checkbox"/> TENS | <input type="checkbox"/> The Pain Squad™ |
| <input type="checkbox"/> Functional Movement Screen | | | |
| <input type="checkbox"/> Other: _____ | | | |

Provider Name: _____

Provider Signature: _____ Date: _____

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Bethany, OK 73008
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Blanchard, OK 73010
P: 405.809.8705 | F: 405.485.4500

CHICKASHA

304 S. 29th St.
Chickasha, OK 73018
P: 405.224.3100 | F: 405.224.3102

CHOCTAW 

14890 SE 29th St., Ste. 101
Choctaw, OK 73020
P: 405.390.1731 | F: 405.390.1981

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Clinton, OK 73601
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201 W. Main St.
Davis, OK 73030
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Oklahoma City, OK 73142
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Guthrie, OK 73044
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Midwest City, OK 73130
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Norman, OK 73069
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Oklahoma City, OK 73127
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Yukon, OK 73099
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Pauls Valley, OK 73075
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SHAWNEE 

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Shawnee, Ok 74804
P: 405.585.0037 | F: 405.585.0332

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1405 S. Western Rd.
Stillwater, OK 74074
P: 405.227.9886 | F: 833.343.9805

THE VILLAGE

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Oklahoma City, OK 73120
P: 405.297.4500 | F: 405.896.2919

WEATHERFORD 

1001 North Washington St.
Weatherford, OK 73096
P: 580.330.1080 | F: 580.330.1088

YUKON

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Yukon, OK 73099
P: 405.350.3336 | F: 405.350.3337

REV: 02/26



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