Proliance
Pacific Rim Physical Therapy

REFERRAL FORM

2075 Barkley Blvd Ste 200, Bellingham, WA 98226
P: (360) 733-4008 | F: (360) 733-4064

Patient Name:	Phone:
Referring Physician:	Date:
Diagnosis:	

☐ **EVALUATE & TREAT**

☐ **CONTINUE CURRENT RX**

PRE/POST-OP REHABILITATION

- ☐ Knee
- ☐ Hip
- ☐ Back
- ☐ Neck
- ☐ Elbow
- ☐ Wrist/Hand
- ☐ Shoulder
- ☐ Ankle/Foot

ORTHOPEDIC REHABILITATION

- ☐ Stabilization
- ☐ Soft Tissue Mobilization
- ☐ Joint Mobilization
- ☐ Other:_____
- ☐ Strengthening
- ☐ Flexibility/R.O.M.

MODALITIES

- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Other:_____
- ☐ Iontophoresis
- ☐ Traction

Frequency:_____ Days per week

Duration:_____ Weeks / Months
(type "weeks" or "months")

BALANCE REHABILITATION

- ☐ Balance Retraining Therapy
- ☐ Epley Maneuver (Manual)
- ☐ Neurological Gait Training
- ☐ NIR Infrared Treatment

PROGRAMS

- ☐ Balance Retraining
- ☐ Vestibular Therapy
- ☐ Headaches
- ☐ Osteoporosis
- ☐ Fibromyalgia
- ☐ S/P CVA
- ☐ Parkinsons
- ☐ Sports Specific
- ☐ Work Specific

PATIENT EDUCATION

- ☐ Home Exercise Program
- ☐ ADL Training
- ☐ Fall Prevention
- ☐ Other:_____

Special Instructions:

Physician Signature: _____