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

ORTHOPEDIC REHABILITATION

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

EMG/NCV STUDIES

- ☐ EMG/NCV Study
- ☐ Other:_____

Frequency:_____ Days per week

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

BALANCE REHABILITATION

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

PROGRAMS

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

PATIENT EDUCATION

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

Special Instructions:

Physician Signature: _____