



2242 Periwinkle Way, Suite 2, Sanibel, FL 33957
Sanibel Square Plaza, 2.5 miles west of Causeway

PHYSICAL THERAPY REFERRAL
SANIBEL OUTPATIENT CLINIC
FAX TO: (239) 395-5857
PHONE: (239) 395-5858

Patient Name: _____ **Patient Phone:** _____

Diagnosis: _____ **ICD-10:** _____

Co-morbidities/Precautions: _____ **D.O.B.:** _____

Physical Therapy Evaluation and Treatment (Medically Necessary)

Other Protocol/Instructions: _____

Manual Procedures:

- ___ Joint Mobilization
- ___ Spinal Mobilization
- ___ Passive ROM/Stretching
- ___ Soft Tissue Mobilization
- ___ Manual Traction
- ___ Myo-fascial Release
- ___ Manual Lymph Drainage (MLD)
- ___ Manual Resistive Exercise/PNF

Specialized Interventions for:

- ___ Protocol: _____
- ___ BPPV/Dizziness/Vestibular
- ___ Sensory Integration
- ___ Osteoporosis/Osteopenia
- ___ Pain Treatment: _____
- ___ Balance Deficit/Fall Risk
- ___ Neurological Impairment
- ___ Lymphedema/MLD

Modalities:

- ___ Ultrasound
- ___ Pain Relief Stim/TENS
- ___ Neuro-Muscular E-Stim
- ___ Cryotherapy
- ___ Paraffin Treatment
- ___ Heat Therapy
- ___ Cervical Traction
- ___ Lumbar Traction

Therapeutic Exercise and Mobility:

- ___ Passive/Active/Active-Assisted ROM
- ___ Strengthening/Resistance Exercise
- ___ Neuro-Muscular Facilitation
- ___ Postural Education
- ___ Gait Training
- ___ Core Strengthening/Spinal Stabilization
- ___ Sport Specific or Running Training: _____
- ___ Balance/Coordination/Proprioception
- ___ Neurological Rehabilitation/NDT
- ___ Transfer and Mobility Training

Wellness Services:

- ___ Medical/Therapeutic Massage
- ___ Running Assessment/Rehabilitation
- ___ Medically-Based Fitness Program
- ___ Pilates Personal Training

Treatment Goals:

- ___ Improve ROM
- ___ Improve Strength
- ___ Reduce Pain
- ___ Reduce Edema
- ___ Reduce Dizziness
- ___ Improve Balance
- ___ Improve Function
- ___ Improve Gait

Frequency and Duration: ___ **PT Discretion** ___ **x/wk for** ___ **wks**
___ **Home therapy visits (available May-September only)**

Physician Name

Physician Signature

Date

Please fax to **(239) 395-5857** with patient demographics sheet.

Please call (239) 395-5858 with any questions.

Thank you for referring your patient to our care. Our physical therapy sessions are one-on-one, and are provided by licensed, experienced physical therapists only.

www.islandtherapycenter.com - info@islandtherapycenter.com