

**Keck Physical Therapy**

**271 Old Barn Road, Suite C**

**Hendersonville, NC 28791**

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Referral Form

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

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Plan**

Duration of Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks

Frequency of Treatment: 2x/wk 3x/wk PRN

* **PT Evaluation and Treatment**
* Balance Training
* Gait Training
* Vertigo
* Massage
* Ultrasound
* Electrical Stimulation
* Fluido Therapy
* Whirlpool
* Neuropathy
* Back Pain
* Traction – Cervical / Lumbar
* Mobilization
* Functional Strengthening
* Osteoporosis
* Sciatica

Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*My signature below certifies that physical therapy treatments are medically necessary.*

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