



PHYSICAL THERAPY REFERRAL

214 Ash St. • Grandview, WA 98930
(509) 882-3111 • Fax (509) 882-3362 • grandviewpt.net
Dave Bullock P.T. • Bryan Davis D.P.T.

Date _____ ICD-9 Code _____

Name _____

Diagnosis _____

Surgical Procedure _____

RX FREQUENCY _____ per week _____ weeks

EVALUATE AND TREAT

- Modalities as needed
- Paraffin
- Electrical Stimulation
- Ultrasound

MODALITIES

TRACTION

- Cervical
- Lumbar

HYDROTHERAPY

- Whirlpool

PROCEDURES

- R.O.M./Flexibility
- Massage
- Back Rehabilitation
- Stroke Rehabilitation
- Lumbar Stabilization
- Back School
- Joint Mobilization
- Gait Training
- Aerobic Exercise
- Strength & Conditioning
- Soft Tissue Mobilization

INDUSTRIAL REHABILITATION

- Back School
- Physical Conditioning
- Physical Capacity Evaluation
- Work Hardening

In signing this referral, physician certifies that rehab is medically necessary.

Precautions/ Instructions:

Doctor _____