Physical Therapy Referral Form

Austin Physical Therapy Specialists
www.Austin-PT.com
Phone: (512) 371-7273 • Fax: (512) 259-7056
7801 N Lamar Blvd. #B174, Austin, TX 78752

Patient's Name: _____ DOB: _____ Date: _____
Patient's Contact Number: _____
Physician's Name: _____
Diagnosis: _____
Medical Precautions: _____

Pelvic Health Physical Therapy Diagnosis

- ☐ Urinary Incontinence
- ☐ Urinary Frequency
- ☐ Female Stress Incontinence
- ☐ Painful Episiotomy
- ☐ Cystocele6
- ☐ Rectocele6
- ☐ Vaginal Vault Prolapse
- ☐ Dyspareunia
- ☐ Vaginismus
- ☐ Vulvodynia/Vestibulitis
- ☐ Uterine Prolapse6
- ☐ Other _____

Orthopedic Physical Therapy Diagnosis

- ☐ Diastasis Recti
- ☐ Arthritis
- ☐ Neck Pain
- ☐ Backache
- ☐ Plantar Fasciitis
- ☐ Arm or Leg Pain
- ☐ Osteoporosis
- ☐ Sacroiliac Dysfunction
- ☐ Other _____

Physical Therapy Treatment / Modalities

- ☐ Physical Therapy Eval & Treat
- ☐ Electrical Stimulation
- ☐ Class IV Laser Therapy
- ☐ Biofeedback
- ☐ Soft Tissue Mobilization
- ☐ Massage
- ☐ Ultrasound
- ☐ Pelvic Floor Exercises
- ☐ Core Stabilization Exercises
- ☐ Strengthening Exercises
- ☐ Neuromuscular Re-Education
- ☐ Joint Mobilization
- ☐ Dry needling
- ☐ Functional Training

Frequency & Duration

Frequency: ☐ Therapist Discretion ☐ 1 x Week ☐ 2 x Week ☐ 3 x Week ☐ 5 x Week

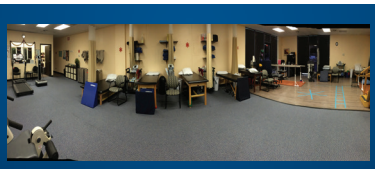
Duration: ☐ Therapist Discretion ☐ 4 Weeks ☐ 6 Weeks ☐ 8 Weeks ☐ 10 Weeks

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature: _____ Date: ____ /____ /____


Heated Pool


Class IV Laser


4,000 Sq Ft GYM


Dry Needling


Women's Health Pelvic Floor