

Physical Therapy Referral

Burkhardt Physical Therapy Center, LLC

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Telephone: (608)786-4989 Fax: (608)786-2321

Date:

Patient Name: _____ DOB: _____ Age: _____

Diagnosis:

Precautions:

- Evaluation and Treatment
- Therapeutic Exercise
- Manual Techniques
- Neuromuscular Re-education
- Ultrasound
- Electrical Stimulation/TENS Unit Instruction
- Patient Education
- Mc Connell or Kinesio Taping to: _____
- Therapeutic Massage
- Therapeutic Activities
- Self-Care/Home Management
- Other (Please Specify): _____

Frequency and Duration: _____

Physician's Signature: _____

Comments: