Creekside Physical Therapy
4956 Lincoln Drive • Edina, MN 55436 • 952-936-9600 • Fax 952-936-9536

Referral/Treatment Plan

Patient Name: _____ Date: _____

Diagnosis: _____ DOB: _____

Precautions: _____ Patient Phone: _____

Surgical Procedure/Test Results: _____

❍ EVALUATE & TREAT
❍ EVALUATE & TREAT WITH THE FOLLOWING RECOMMENDATIONS
❍ CONTINUATION ORDERS

SERVICES
- ❍ Joint & Soft Tissue Mobilization
- ❍ Neuromuscular Techniques & Exercises
- ❍ Therapeutic & Functional Activity Training
- ❍ Instruction in Home Exercise & Patient Education

MODALITIES
- ❍ Hot/Cold Packs
- ❍ Electrical Stimulation/TENS
- ❍ Ultrasound
- ❍ Traction Mechanical/Manual
- ❍ Joint Mobilization
- ❍ Iontophoresis
- ❍ Approved ❍ Not Approved

SPECIALTY PROGRAMS
- ❍ TMD/Facial Pain
- ❍ Oral/Facial Dysfunction
- ❍ Headache
- ❍ Neck Pain
- ❍ Supplies/Equipment: _____

Frequency _____ x wk _____ wk(s) and/or _____ visits

Date patient is to recheck with physician: _____

Additional Comments: _____

_____

_____ _____
Referring Physician's Signature *Date*

_____ _____
Please Print Physician's Name *Phone Number*

_____ _____
Verbal Order By *Date*

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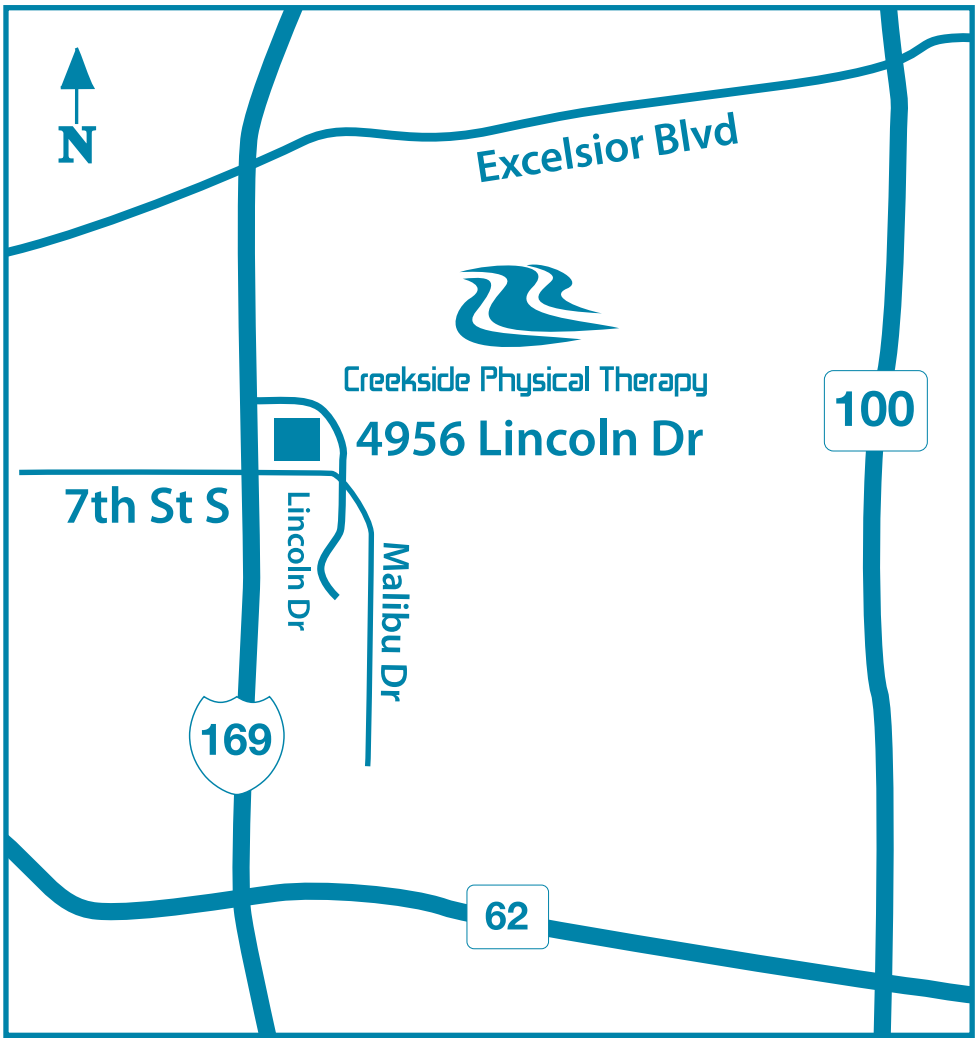

Map is not to scale.