



WOERNER
PHYSICAL THERAPY

PHYSICAL THERAPY REFERRAL FORM

MARIE WOERNER PT, DPT, WCS, CLT
TONDA BERRY, PT, DPT, WCS
HAILEY MILLER PT, DPT
MANDY ROSE PT, DPT

1000 BONNIE BRAE AVE, FORT WORTH, TX 76111
301 ELM STREET, ALEDO, TX 76008

P. 682-235-3816 F. 817-887-2719

PATIENT NAME

PATIENT PHONE

DIAGNOSIS/ICD-10 (REQUIRED)

DOB

PHYSICAL THERAPY TREATMENT ORDER:

- | | |
|--|---|
| <input type="checkbox"/> EVALUATE AND TREAT | <input type="checkbox"/> PER THERAPIST DISCRETION |
| <input type="checkbox"/> MANUAL THERAPY | <input type="checkbox"/> BIOFEEDBACK |
| <input type="checkbox"/> THERAPEUTIC EXERCISE | <input type="checkbox"/> HOME EXERCISE PROGRAM |
| <input type="checkbox"/> FUNCTIONAL DRY NEEDLING | |

SPECIAL INSTRUCTIONS/PRECAUTIONS:

DIAGNOSIS/PROBLEMS (FOR FEMALE AND MALE PATIENTS)

- | | |
|---|--|
| <input type="checkbox"/> PELVIC & PERINEAL PAIN (R10.2) | <input type="checkbox"/> URINARY FREQUENCY (R35.0) |
| <input type="checkbox"/> LOWER ABDOMINAL PAIN (R10.30) | <input type="checkbox"/> URGE INCONTINENCE (N39.41) |
| <input type="checkbox"/> CONSTIPATION (K59.00) | <input type="checkbox"/> STRESS URINARY INCONTINENCE (N39.3) |
| <input type="checkbox"/> ANAL SPASM (K59.4) | <input type="checkbox"/> INCOMPLETE DEFECATION (R15.0) |
| <input type="checkbox"/> FECAL INCONTINENCE (R15.9) | <input type="checkbox"/> DIASTASIS (M62.0) |
| <input type="checkbox"/> FECAL URGENCY (R15.2) | <input type="checkbox"/> VOIDING DYSFUNCTION (N39.9) |
| <input type="checkbox"/> DYSPAREUNIA (N94.1) | <input type="checkbox"/> STRAINING TO VOID (R39.16) |
| <input type="checkbox"/> VAGINISMUS (N94.2) | <input type="checkbox"/> PROLAPSE (N81.9) |
| <input type="checkbox"/> HIP PAIN (M25.559) | <input type="checkbox"/> VULVADYNIA (N94.89) |
| <input type="checkbox"/> LOW BACK PAIN (M54.5) | <input type="checkbox"/> PUBIC SYMPHYSIS PAIN (M25.559) |
| <input type="checkbox"/> THORACIC PAIN (M54.6) | <input type="checkbox"/> SI JOINT DYSFUNCTION (M53.3) |
| <input type="checkbox"/> COCCYX PAIN (M53.3) | <input type="checkbox"/> PELVIC FLOOR WEAKNESS (M62.5) |

OTHER:

FREQUENCY: 1X / WEEK 1X / WEEK 1X / WEEK
DURATION: 6 WEEKS 12 WEEKS PER THERAPIST DISCRETION

PHYSICIAN SIGNATURE

PHYSICIAN PRINTED NAME

DATE OF REFERRAL

OFFICE PHONE

OFFICE FAX

TO SCHEDULE AN APPOINTMENT CALL: 682-235-3816
OR BOOK ONLINE AT:
WWW.WOERNERPHYSICALTHERAPY.COM