



PHYSICAL THERAPY REFERRAL FORM

1000 BONNIE BRAE AVE SUITE 200
FORT WORTH TX 76111

203 EAST OAK STREET INSIDE THE IRENIC PLACE
ALEDO, TX 76008-4245

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

PATIENT NAME

PATIENT PHONE

DIAGNOSIS/ICD-10 (REQUIRED)

DOB

PHYSICAL THERAPY TREATMENT ORDER:

- ☐ EVALUATE AND TREAT
- ☐ MANUAL THERAPY
- ☐ THERAPEUTIC EXERCISE
- ☐ FUNCTIONAL DRY NEEDLING

- ☐ PER THERAPIST DISCRETION
- ☐ BIOFEEDBACK
- ☐ HOME EXERCISE PROGRAM

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

DATE OF REFERRAL

OFFICE PHONE

OFFICE FAX

PHYSICIAN NAME PRINTED

NPI NUMBER

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