Physical Therapy Referral Form

1000 Bonnie Brae Ave Suite 200
Fort Worth TX 76111

9899 E Bankhead Hwy Suite 500
Aledo TX 76008

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)

- ☐ Pelvic & Perineal Pain (R10.2)
- ☐ Lower Abdominal Pain (R10.30)
- ☐ Constipation (K59.00)
- ☐ Anal Spasm (K59.4)
- ☐ Fecal Incontinence (R15.9)
- ☐ Fecal Urgency (R15.2)
- ☐ Dyspareunia (N94.1)
- ☐ Vaginismus (N94.2)
- ☐ Hip Pain (M25.559)
- ☐ Low Back Pain (M54.5)
- ☐ Thoracic Pain (M54.6)
- ☐ Coccyx Pain (M53.3)
- ☐ Urinary Frequency (R35.0)
- ☐ Urge Incontinence (N39.41)
- ☐ Stress Urinary Incontinence (N39.3)
- ☐ Incomplete Defecation (R15.0)
- ☐ Diastasis (M62.0)
- ☐ Voiding Dysfunction (N39.9)
- ☐ Straining to void (R39.16)
- ☐ Prolapse (N81.9)
- ☐ Vulvadynia (N94.89)
- ☐ Pubic Symphysis Pain (M25.559)
- ☐ SI Joint Dysfunction (M53.3)
- ☐ Pelvic Floor Weakness (M62.5)

Other: ______________________

Frequency: ☐ 1x / week ☐ 1x / week ☐ 1x / week
Duration: ☐ 6 Weeks ☐ 12 Weeks ☐ Per Therapist Discretion

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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