WOERNER
PHYSICAL THERAPY

PHYSICAL THERAPY REFERRAL FORM

1000 BONNIE BRAE AVE SUITE 200
FORT WORTH TX 76111

9899 E BANKHEAD HWY SUITE 500
ALEDO TX 76008

111 W AKARD ST, SUITE 200
WEATHERFORD TX 76086.

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

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