

2240 Fifth Avenue
Huntington, WV 25703-1290
(304) 525-4445 (304) 529-7449 FAX
(800) 225-9672



PHYSICAL THERAPY REFERRAL

- Physical Therapy
- Hand Therapy
- Splinting/Bracing/Orthotics
- Functional Capacity Evaluation
- Work Conditioning
- Work Hardening

- Sally Oxley, PT, CHT, OCS, C-MDT
- Mark Taylor, PT
- Brenda Marcum, PT
- John Oxley, DPT
- Aleacha Wallington, DPT
- Kelly Akers, DPT

Patient's Name: _____

Patient's DOB: _____ Patient's Phone Number: _____

DX/ICD-9 Code: _____

X-Ray/MRI Results: _____

IMPROVE

- Strength
- Range of Motion
- Endurance
- Gait: NWB
PWB FWB

DECREASE

- Pain
- Paresthesia
- Swelling
- Postural deviations

RECOMMENDED FREQUENCY

(Times per Week)

- 1
- 2
- 3
- 4
- 5

RECOMMENDED DURATION

(Number of Weeks)

- 1
- 2
- 3
- 4
- 5
- 6

Precautions: _____

Other Recommendations: _____

RTD Date: _____ Estimated RTW Date: _____

Patient has been advised of diagnosis and prognosis: YES NO

Physician's Signature: _____ Date: _____

Print Physician's Name: _____