

Winebrenner & Associates' Charter Physical Therapy
511 Main Street Reisterstown, MD 21136 &
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Physical Therapy Referral

Patient Name:

Diagnosis:

Date of Onset/Surgery:

Medical Precautions:

Evaluate & Treat as Indicated

Procedures:

- AAROM, AROM, PROM
- Gait/Balance Training
- Home Exercise Program
- Soft Tissue Mobilization
- Therapeutic Massage
- Posture/Positioning/Body Mechanics
- Joint Mobilization
- Aquatic Therapy
- Exercise
 - Active
 - Passive
 - Resistive

Modalities:

- Modalities PRN
- Ultrasound
- Electrical Stimulation
- Moist Heat
- Paraffin Bath
- Cryotherapy/Ice Massage
- Iontophoresis
- T.E.N.S.
- Traction
 - Cervical
 - Pelvic

Other:

Treatment Plan:

1 2 3 4 5 times per week X weeks

I hereby certify these services as medically necessary for the patient's plan of care.

Referring Physician Signature: Date: