ONE POINT
PHYSICAL THERAPY

867 Greenwood Ave. NE
Atlanta, GA 30306

1328 Dekalb Ave. NE
Atlanta, GA 30307

PHYSICAL THERAPY REFERRAL

Date: _____

Patient Name: _____

DOB: _____ Phone: _____

Diagnosis: _____

☐ Evaluate and Treat
☐ _____ times per week for _____ weeks

Precautions/Instructions: _____

_____

Therapy Procedures and Special Programs

- ☐ Therapeutic Exercise
  - ☐ Home Program
- ☐ Modalities
  - ☐ EStim
  - ☐ Iontophoresis
- ☐ Manual Therapy
  - ☐ Joint Mobilization
  - ☐ Joint Manipulation
  - ☐ Soft tissue mobilization
  - ☐ Scar tissue massage
- ☐ Post-Op
  Date of Surgery _____
- ☐ Neuromuscular Re-education
  - ☐ Balance/falls
- ☐ Functional Activities
  - ☐ Gait
  - ☐ Transfers
- ☐ Mechanical Traction
- ☐ Back Program
- ☐ Cervical Headaches
- ☐ Dry Needling
- ☐ Pediatrics
- ☐ Post-Concussion

Signature _____ Date: _____

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Phone: 404-600-4627

Fax: 470-270-8130