ProFormance Physical Therapy

1225 S. Grand Ave. Suite B • Pullman, WA 99163
Phone: 509-338-9204 Fax: 509-338-9206

- **Bob Bashaw, PT, SCS, OCS, ATC, CSCS**
- **Laura Nakata Vannucci, MPT**
- **Troy Vannucci, MPT**
- **Brandon Cridlebaugh, DPT**
- **Amy Gibbs, MPT**
- **Kelsie Slack, PTA**

PHYSICAL THERAPY REFERRAL

Patient: _____ Date: _____

Diagnosis: _____

Surgical Procedure: _____ Date of Surgery: _____

Precautions/contraindications: _____

❒ Therapist evaluate and determine use of procedures, modalities, and/or frequency of treatment.

❒ Evaluate and rehabilitate according to my orders:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Treatment Frequency: _____ per week for _____ weeks.

❒ Please send written progress reports.

❒ Please call/e-mail regarding this patient. e-mail address: _____

Patient to recheck with physician in _____ weeks.

Physician's signature: _____ M.D.