AERO
PERFORMANCE + PHYSICAL THERAPY

PHYSICAL THERAPY REFERRAL

2761 Oakdale Blvd. Suite #1&2
Coralville, IA 52241
Call/Text: 319-930-2868
Fax: 319-626-2669

Patient Name _____ Date _____

Diagnosis _____

Precautions/Comments_____

_____

Frequency/Duration _____

□ Evaluate and Treat	□ Pain Science	□ Modalities
□ Strength/Endurance Exercises	□ Dry Needling	□ Heat □ Cold
□ Range of Motion/Flexibility Exercises	□ Strain Counterstrain	□ Iontophoresis
□ Balance/Coordination Exercises	□ Graded Motor Imagery	□ Ultrasound
□ Stabilization/Motor Control Exercises	□ Pain Adaptive	□ Electrical Stimulation
□ Dizziness/Vestibular Rehabilitation		

Next Physician Appt _____ Physician Signature _____