AERO PERFORMANCE + PHYSICAL THERAPY

# PHYSICAL THERAPY REFERRAL

1295 Jordan Street, Suite #3
North Liberty, IA 52317
Call/Text: 319-930-2868
Fax: 319-626-2669

Patient Name _____ Date _____

Diagnosis _____

Precautions/Comments_____

_____

Frequency/Duration _____

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

Next Physician Appt _____ Physician Signature _____