REFERRAL FOR PHYSICAL THERAPY

DATE: ______________ / ___ / ____

PATIENT: ______________________________

PT DOB: _____ / ____ / ______ PT Phone: ______ - ______ - ________

DATE OF ☐INJURY ☐ PROCEDURE: ______ / _______ / _______

DIAGNOSIS: ____

℞ ☐ EVALUATE & TREAT AS NECESSARY

- ☐ AROM
- ☐ AAROM
- ☐ PROM
- ☐ STRENGTHENING
- ☐ ECCENTRICS
- ☐ CORE STABILITY
- ☐ OPEN KINETIC CHAIN
- ☐ BLOOD FLOW RESTRICTION
- ☐ BALANCE
- ☐ GAIT TRAINING
- ☐ ASSISTIVE DEVICE TRAINING
- ☐ FLEXIBILITY/STRETCHING
- ☐ ENDURANCE
- ☐ RETURN TO SPORT
- ☐ CLOSED KINETIC CHAIN

☐ THERAPEUTIC MODALITIES: ____________________________
(LIST SPECIFICS IF DESIRED)

FREQUENCY & DURATION: ______X/WEEK FOR _____WEEKS

PRECAUTIONS & SPECIAL INSTRUCTIONS (PLEASE LIST BELOW):

I certify the medical necessity of these services.

PHYSICIAN NAME: ________________________________

PHYSICIAN SIGNATURE: ________________________________

PHYSICIAN PHONE: ________________________________

Please see back for facility address and contact information.

Summit Strength Physical Therapy LLC

800 NW Main Street Suite 100
Lee's Summit, MO 64086
816.524.7040
816.524.7057 Fax
SummitStrength.com

We look forward to working with you to stronger health!
Your therapy visits usually are scheduled for 1 hour of 1-on-1 care.

Our Therapists have over 100 years of professional experience:

Scott Knoche, PT, Dip. MDT, CSCS, CPT

Tom McCarthy, DPT Abby Seider, DPT Ryan Dougherty, DPT

Chandra Moore, PTA - Tami Welsh, PTA - Ella Hackney PTA

On your first appointment come 15 minutes early and bring:

- Prescription/Referral for Physical Therapy
- Patient Forms from our website (or come an *extra* 15 minutes early)
- Insurance card(s)
- Picture ID (if an adult)
- Wear comfortable “workout” clothing

Directions:

- North on Main St. off Chipman Road
- Main Street is one way heading north between stoplights at Commerce Drive and Douglas Street.

(Main does not go through to downtown Lee's Summit)