



## REFERRAL FOR PHYSICAL THERAPY

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT: \_\_\_\_\_

PT DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ PT PHONE: \_\_\_\_-\_\_\_\_-\_\_\_\_

DATE OF ☐ INJURY ☐ PROCEDURE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

**R<sub>x</sub>** ☐ EVALUATE & TREAT AS NECESSARY

- |   |  |
|---|--|
| <input type="checkbox"/> AROM                           | <input type="checkbox"/> BALANCE                   |
| <input type="checkbox"/> AAROM                          | <input type="checkbox"/> GAIT TRAINING             |
| <input type="checkbox"/> PROM                           | <input type="checkbox"/> ASSISTIVE DEVICE TRAINING |
| <input type="checkbox"/> STRENGTHENING                  | <input type="checkbox"/> FLEXIBILITY/STRETCHING    |
| <input type="checkbox"/> ECCENTRICS                     | <input type="checkbox"/> ENDURANCE                 |
| <input type="checkbox"/> CORE STABILITY                 | <input type="checkbox"/> RETURN TO SPORT           |
| <input type="checkbox"/> OPEN KINETIC CHAIN             | <input type="checkbox"/> CLOSED KINETIC CHAIN      |
| <input type="checkbox"/> BLOOD FLOW RESTRICTION THERAPY |  |
| <input type="checkbox"/> THERAPUETIC MODALITIES:        |  |
| (LIST SPECIFICS IF DESIRED) _____                       |  |

FREQUENCY & DURATION: \_\_\_\_ X PER 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 of form for facility address and contact information.



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-  
 Tommy Frevert, 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)