REFERRAL FOR PHYSICAL THERAPY

ONE-ON-ONE THERAPY

800 NW Main St
Lee's Summit, MO 64064
Phone 816.524.7040

1300 NW State Route 7
Blue Springs, MO 64014
Fax 816.929.6327

www.SummitStrength.com

Celebrating Over 20 Years!

DATE: ___/___/___ PATIENT NAME: _____ DOB: __/___/___

APPOINTMENT DATE: ___/___/___ PATIENT PHONE: _____

Rx ☐ EVALUATE & TREAT AS NECESSARY DIAGNOSIS: _____

☐ AROM
☐ AAROM
☐ PROM
☐ STRENGTHENING
☐ BLOOD FLOW RESTRICTION
☐ ECCENTRICS
☐ CORE STABILITY
☐ OPEN KINETIC CHAIN
☐ 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):

_____

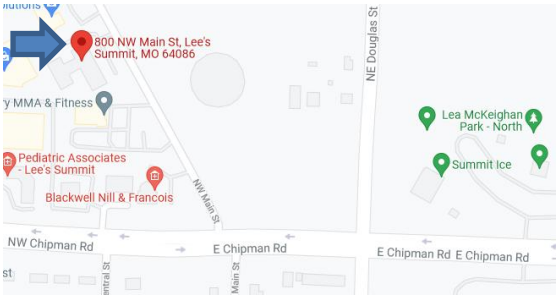
I certify the medical necessity of these services: PHYSICIAN PHONE: _____

_____ _____ _____
PHYSICIAN NAME SIGNATURE DATE

For our patient--On your first appointment arrive 15 minutes early and bring:

- Prescription/Referral for Physical Therapy •Picture ID (if an adult) •Insurance card(s)
- Patient Forms from our website (or come an *extra* 15 minutes early to complete)

800 NW Main St, Lee's Summit, MO 64086



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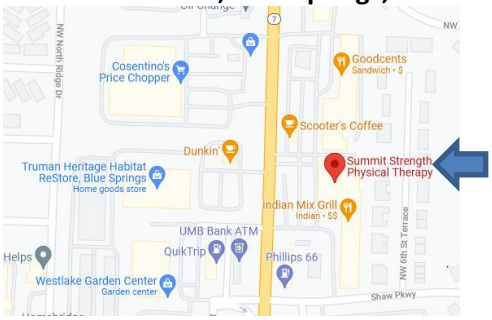

Inside Blue Springs Fitness

Wear comfortable clothing