



## PHYSICAL THERAPY REFERRAL & CONSULTATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Request:  PT Evaluate and Treat  Evaluation Only  Pre-op Rehab

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

If you request selective intervention for this patient, indicate below:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> AlterG® Anti-Gravity Treadmill®<br><i>Keller &amp; Southwest Clinics Only</i> | <input type="checkbox"/> Instrument Assisted Soft Tissue Mobilization                | <input type="checkbox"/> Return to Sport  |
| <input type="checkbox"/> Biomechanical Analysis  | <input type="checkbox"/> Manual Therapy  | <input type="checkbox"/> Taping Techniques (Kinesiotape)                              |
| <input type="checkbox"/> Blood Flow Restriction  | <input type="checkbox"/> Orthotics<br><i>Southwest Clinic Only</i>                   | <input type="checkbox"/> Therapeutic Exercise   |
| <input type="checkbox"/> Chronic Pain  | <input type="checkbox"/> Pool Therapy<br><i>Southwest and Northwest Clinics Only</i> | <input type="checkbox"/> TMJD   |
| <input type="checkbox"/> Eccentric Program   | <input type="checkbox"/> Running/Sports Examination & Assessment                     | <input type="checkbox"/> Trigger Point Dry Needling                                   |
| <input type="checkbox"/> Gait Evaluation/Training  | <input type="checkbox"/> Soft Tissue Mobilization                                    | <input type="checkbox"/> Vestibular/Balance/BPPV                                      |
| <input type="checkbox"/> Home Exercise Program   | <input type="checkbox"/> Spinal Manipulation   | <input type="checkbox"/> Women's Health/Pelvic Health<br><i>Northwest Clinic Only</i> |
| <input type="checkbox"/> Injury Prevention Program   |  |   |

Comments: \_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



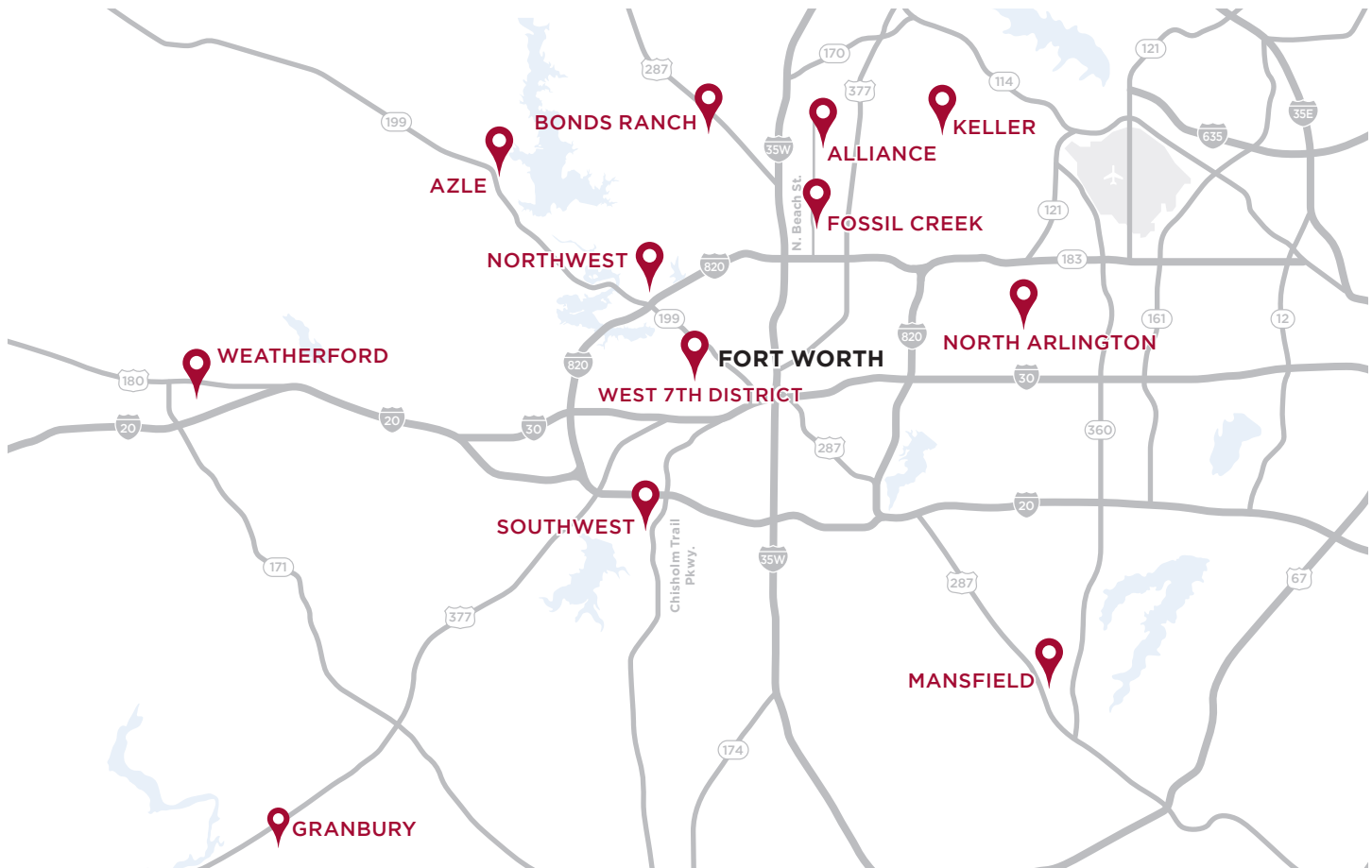
**Scan Here** to see the full list of SporTherapy's Locations.

Thank You For Your Referral!  
**SporTherapy.com**



Centralized Scheduling

Fax: 817.717.9942



**Alliance**

12457 Timberland Blvd., Ste. 205  
Fort Worth, TX 76244  
p 682.213.3006 | f 682.316.6643

**Azle**

245 W. Main Street  
Azle, TX 76020  
p 817.270.2975 | f 817.270.3596

**Bonds Ranch**

750 W. Bonds Ranch Road, Ste. 300  
Fort Worth, TX 76131  
p 682.428.7532 | f 682.428.7534

**Fossil Creek**

7630 N. Beach Street  
Fort Worth, TX 76137  
p 817.428.9900 | f 817.428.9921

**Granbury**

3803 Highway 377, Ste. 200  
Granbury, TX 76049  
p 682.260.5210 | f 817.900.0669

**Keller**

8857 Davis Boulevard, Ste. 100  
Keller, TX 76248  
p 817.431.8700 | f 817.431.8811

**Mansfield**

167 Regency Parkway, Ste. 105  
Mansfield, TX 76063  
p 682.341.0076 | f 682.341.0077

**North Arlington**

4010 N Collins Street, Suite 108  
Arlington, TX 76005  
p 682.204.8030 | f 682.204.8033

**Northwest**

4108 Boat Club Road  
Fort Worth, TX 76135  
p 817.238.9295 | f 817.238.9299

**Southwest**

6501 Harris Parkway  
Fort Worth, TX 76132  
p 817.370.9891 | f 817.370.9894

**Weatherford**

965 Hilltop Drive  
Weatherford, TX 76086  
p 817.594.7636 | f 817.594.8955

**West 7th District**

2732 W. 5th Street  
Fort Worth, TX 76107  
p 817.406.6100 | f 817.270.3156

