



Referral

Patient Name _____ Phone # _____

Patient Diagnosis _____

Contraindications/Precautions _____

Physical/Occupational Therapy

____ Evaluate and Treat

____ Body Mechanics Education

____ Modalities

____ Electrical Stimulation

____ Ultrasound

____ Phonophoresis

____ Iontophoresis

____ Hot/Cold Pack

____ Massage

____ Ice Massage

____ Paraffin

____ Balance and Coordination

____ Aquatic Therapy

____ Gait Training

____ Work Conditioning

____ Exercise

____ AROM

____ PROM

____ Cardiovascular Training

____ Strengthening

____ Mobilization

____ Desensitization

____ ADL Training

____ Splinting

____ Functional Capacity Evaluation

____ Home Exercise Program

____ Other _____

Frequency & Duration _____

Physician Signature _____ Date _____

Facility Designation (check box on left to designate facility)

Plains - 1086 Highway 315, Plaza 315, Plains, Pa. 18702 Tel. 570-823-PRO1(7761) Fax: 570-829-PRO1(7761)

Hanover - 87 Oxford Street, Oxford Health Center, Hanover Twp. Pa. 18706 Tel. 570-825-3909 Fax: 570-825-8939

Hazleton - 106 Rotary Drive, Valmont Industrial Park, W. Hazleton Pa. 18202 Tel. 570-459-6333 Fax: 570-459-5255

Moosic - 3356 Birney Avenue, Birney Mall, Moosic, Pa. 18507 Tel. 570-347-7790 Fax: 570-347-7791

Clarks Summit - 1157 Lackawanna Trail, Suite 2, Clarks Summit, PA 18411 Tel. 570-586-7764 Fax: 570-586-4776

Berwick - 1222 West Front Street, Berwick, PA 18603 Tel. 570-752-7762 Fax: 570-752-7756

Corporate Headquarters

1086 Highway 315, Plaza 315, Plains, Pa. 18702 Tel.: 570-823-PRO1(7761) Fax: 570-829-PRO1(7761)