SARAH DIBLE - PHYSICAL THERAPIST

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PHYSICAL THERAPY REFERRAL FORM

Phone: 360-798-7625 Fax: 360-553-4165

LOCATED at:

Flourish a SPACE for Dimensional Healing

300 East 24th Street, Vancouver, WA 98663

Orthopedic and Holistic Integrative Physical Therapy • NAET • Craniosacral Therapy

Patient Name:_____

DOB:_____ Phone:_____ Insurance Carrier:_____

DIAGNOSIS:	ICD-9 CODE:	SPECIAL INSTRUCTIONS:

☐Eval and Treat

☐Manual Therapy
☐Neck/Back Rehab
☐Knee Rehab
☐Therapeutic Exercise
☐Shoulder/Elbow/Hand Rehab
☐CranioSacral Therapy
☐TMJ Rehab
☐Hip Rehab
☐Foot/Ankle Rehab
☐Body Mechanics/Ergonomics

☐Sensory Integration for allergies or sensitivities, ADHD, autism spectrum

☐ROM Assessment:_____

☐Modalities: Ultrasound, Electrical Stimulation/TENS, Hot/Cold

Alternative and Complimentary Medicine:

☐ "NAET" Allergy Elimination

Referring Provider Signature:_____ Date:_____

Printed Surname:_____ Frequency/Duration:_____

Please Fax this form to: 360.553.4165. Please include pertinent chart notes and patient face sheet if available.

Thank you for your referral