

PHYSICAL THERAPY REFERRAL & CONSULTATION

Patient Name: _____ Date: _____

Patient Phone: _____ Patient DOB: _____

Diagnosis: _____

Request: PT Evaluate and Treat Evaluation Only Pre Rehab

Frequency: _____ Duration: _____

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

- | | |
|---|---|
| <input type="radio"/> AlterG Treadmill Therapy* | <input type="radio"/> Orthotics* |
| <input type="radio"/> Annual Checkup | <input type="radio"/> Pain Squad* |
| <input type="radio"/> Aquatic Therapy | <input type="radio"/> Post Covid Therapy |
| <input type="radio"/> Balance/Fall Risk Assessment | <input type="radio"/> Pelvic Health* |
| <input type="radio"/> Blood Flow Restriction* | <input type="radio"/> Return to Sport/Functional Testing |
| <input type="radio"/> Bracing/Splinting* | <input type="radio"/> TMJ |
| <input type="radio"/> Concussion Screening/
Post-Concussive Syndrome Management | <input type="radio"/> Traction |
| <input type="radio"/> Functional Capacity Evaluation (FCE)* | <input type="radio"/> Trigger Point Dry Needling |
| <input type="radio"/> Hand Therapy* | <input type="radio"/> Vestibular (BPPV, Parkinson's, Stroke, MS)* |
| <input type="radio"/> Metabolic Conditioning
(Hypertension/Dyslipidemia/Hyperglycemia) | <input type="radio"/> Virtual Reality |
| | <input type="radio"/> Workers' Compensation |

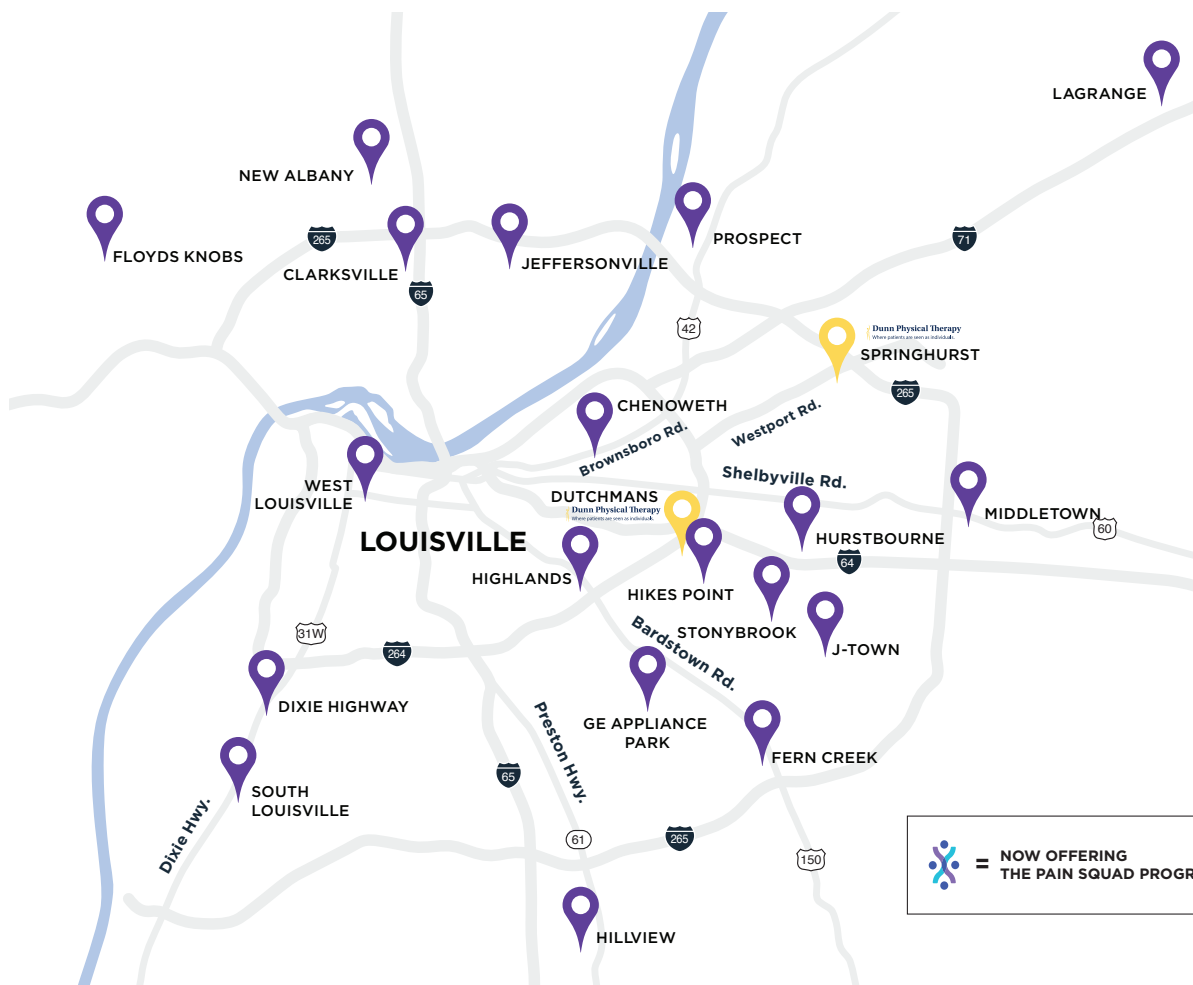
Comments: _____

I certify that the treatment is medically necessary and will be reviewed every 30 days.

Referring Provider's Signature

Please Print Name

Date



KENTUCKY

CHENOWETH

3630 Brownsboro Rd.
Louisville, KY 40207
P: 502.749.6950
F: 502.749.6953



DUTCHMANS

4042 Dutchmans Ln.
Louisville, KY 40207
P: 502.899.9363
F: 502.899.9365

DIXIE HIGHWAY

6641 Dixie Hwy. Ste. B
Louisville, KY 40258
P: 502.576.3290
F: 502.576.3291



FERN CREEK

6506 Bardstown Rd.
Louisville, KY 40291
P: 502.762.1243
F: 502.762.9114

GE APPLIANCE PARK

4000 Buechel Bank Rd.
AP4-100 Medical
Louisville, KY 40225
P: 502.452.0111
F: 502.452.0484

HIGHLANDS

3052 Bardstown Rd.
Louisville, KY 40205
P: 502.454.5544
F: 502.454.5562

HIKES POINT

3942 Taylorsville Rd.
Louisville, KY 40220
P: 502.537.7710
F: 502.537.7709

HILLVIEW

170 Dr. Arla Way
Louisville, KY 40229
P: 502.955.1081
F: 502.955.1091

HURSTBOURNE

1257 S. Hurstbourne Ln.
#220 **COMING SOON**
Louisville, KY 40223
P: 502.576.3280
F: 502.576.3281

J-TOWN

3831 Ruckriegel Pkwy,
Ste 108
Jeffersontown, KY 40299
P: 502.537.7720
F: 502.537.7719

LAGRANGE

1407 E Crystal Dr.
LaGrange, KY 40031
P: 502.222.0280
F: 502.222.0290



MIDDLETOWN

169 S English Station Rd.
Louisville, KY 40245
P: 502.245.1136
F: 502.245.1146

PROSPECT

6005 Timber Ridge Dr.
Prospect, KY 40059
P: 502.292.0800
F: 502.292.0400



SPRINGHURST

10321 Champion Farms Dr.
Louisville, KY 40241
P: 502.425.1716
F: 502.425.2258

SOUTH LOUISVILLE

8019 Dixie Hwy. Ste. 106
Louisville, KY 40258
P: 502.200.6970
F: 502.200.6973

STONYBROOK

8620 Biggin Hill Ln
Ste. B
Louisville, KY 40220
P: 502.576.3320
F: 502.576.3321

WEST LOUISVILLE

1720 W Broadway
Ste. 105
Louisville, KY 40203
P: 502.890.6900
F: 502.890.6088

INDIANA

FLOYDS KNOBS

500 LaFollette Station,
Ste. 200 **COMING SOON**
Floyds Knobs, IN 47119
P: 812.940.4240
F: 812.940.4241

JEFFERSONVILLE

1015 Jeffersonville
Commons Dr.
Jeffersonville, IN 47130
P: 812.984.3020
F: 812.590.8183

NEW ALBANY

5170 Charlestown Rd.,
Ste. 102
New Albany, IN 47150
P: 812.590.8888
F: 812.590.8890

CLARKSVILLE

1440 Veterans Parkway
Ct., Ste. 400
Clarksville, IN 47129
P: 812.924.5010
F: 812.924.5011