



Clinic Information

Referring Clinic : _____

Referring Provider : _____ NPI : _____

Office Phone : _____ Office Fax : _____

Patient Information

Patient Name : _____ Date of Birth : _____

Patient Phone Number : _____ Diagnosis Code : _____

Precautions / Special Instructions : _____

** Please include your patients demographic information and most recent chart note.*

Evaluate & Treat PT / OT

Frequency / Duration :

Manual Therapy

- Dry Needling
- Myofascial Techniques
- Manual Traction
- Manual Resisted ROM/PNF
- Soft Tissue Mobilization
- Passive ROM

Interventions

- Postural Training
- AAROM-ARROM
- Strengthening
- Stretching
- Endurance Training

Modalities

- Heat
- Electric Stimulation
- Inotophoresis Ultrasound
- Phonophoresis
- Other _____

Specialty Treatments

- Vestibular Rehab
- Pelvic Health
- Sports Medicine
- Concussion Mgmt.
- Hand Therapy

WASILLA

3765 E Blue Lupine Drive - Suite E
 Wasilla, AK 99654
 P. (907) 373-9462
 F. (907) 373-9464

ANCHORAGE

7985 E 16th Ave. - Suite 100
 Anchorage, AK 99504
 P. (907) 332-0021
 F. (907) 373-9464

* OT is only offered at our Wasilla location

Provider Signature _____

Thank you for your referral!