Quantum
PHYSICAL THERAPY, LLC
Leap Into Wellness!

101 Cedar Lane, Suite 201, Teaneck, NJ 07666
Phone: 201-379-3464 Fax: 201-379-3470

Sports Medicine ▪ Pain Management
Pediatric / Geriatric Physical Therapy
Stroke Rehab ▪ Pre / Post-Surgery Treatments
Treat Work-Related / Accident-Related Injuries

PATIENT REFERRAL FORM

PLEASE PRINT

Patient's Name: _____ Date: ____/____/____

Diagnosis: _____

Prescription:

☐ **Evaluate & Treat** ☐ **Continue Current Rx**

Modalities
- ☐ Infra-Red / Cold Laser
- ☐ Ultrasound / Phonophoresis
- ☐ Biofeedback
- ☐ Electrical Stimulation
- ☐ Muscle Reeducation/NMS
- ☐ Hot Packs
- ☐ Cold Packs

Manual Therapy
- ☐ Manual Traction
- ☐ Massage
- ☐ Soft-Tissue Mobilization
- ☐ Myofascial Release
- ☐ Joint Mobilization

Exercises
- ☐ Active ROM
- ☐ Passive ROM
- ☐ Isotonic
- ☐ Isokinetic
- ☐ Isometric
- ☐ Plyometric
- ☐ Resistive
- ☐ Open Kinetic Chain
- ☐ Closed Kinetic Chain
- ☐ Physio-Ball
- ☐ Medicine Ball
- ☐ Dynamic Stabilization
- ☐ Neuro-Developmental Treatment (for Stroke)

Gait Training
- ☐ None-Weight Bearing
- ☐ Partial-Weight Bearing
- ☐ Full-Weight Bearing
- ☐ Walker
- ☐ Crutches
- ☐ Cane

- ☐ Orthotics Management
- ☐ Prosthetics Management

Other: _____

Precautions / Special Instructions: _____

_____

Frequency of Treatments:
- ☐ PRN
- ☐ Daily
- ☐ 2X per week
- ☐ 3X per week

Number of Weeks:
☐ Weeks

Physician's Signature: _____

I certify that this treatment is medically necessary

PHYSICIAN INFORMATION:

Print Name: _____ Phone #: ( ) __ __ __ - __ __ __ __

Physician Lic. # _____ Fax #: ( ) __ __ __ - __ __ __ __