Island Therapy Center

Physical / Occupational Therapy Referral Form – Fax to 395-5857

(Sanibel Outpatient Clinic)

Patient Name: _____Phone: _____
Diagnosis / Reason for Referral: _____
Co-morbidities/Precautions: _____D.O.B.: _____

___ PHYSICAL THERAPY EVALUATION AND TREATMENT

___ Diagnosis Above at PT Discretion

Manual Procedures:
___Joint Mobilization
___Passive ROM/Stretching
___Soft Tissue Mobilization
___Manual Traction
___Myo-fascial Release
___Manual Lymph Drainage (MLD)
___Manual Resistive Exercise/PNF

Specialized Interventions for:
___Protocol: _____
___BPPV/Dizziness/Vestibular
___Osteoporosis/Osteopenia
___Pain Treatment: _____
___Balance Deficit/Fall Risk
___Neurological Impairment
___Lymphedema/MLD

Modalities:
___Ultrasound
___Neuro-Muscular E-Stim
___Pain Relief IFC/TENS
___Paraffin Treatment
___Heat Therapy
___Cryotherapy
___Lumbar/Cervical Traction

Therapeutic Exercise and Mobility:
___Passive/Active/Active-Assisted ROM
___Strengthening/Stretching
___Neuro-Muscular Facilitation
___Postural Education
___Gait Training
___Core Strengthening/Spinal Stabilization
___Sport Specific Training: _____
___Balance/Coordination/Proprioception
___Neurological Rehabilitation/NDT
___Transfer and Mobility Training

Frequency and Duration: **___ PT Discretion ___x/wk for _____wks**
___ Home therapy visits required

___ OCCUPATIONAL THERAPY EVALUATION AND TREATMENT

___ Diagnosis above at OT Discretion

_____ Interventions as checked above:
___Hand Therapy
___Wheelchair Assessment
___Activities of Daily Living

Additional OT Interventions:
___Home Safety Assessment/Equipment Modification
___Splint Fabrication: _____
___Upper extremity rehabilitation

Frequency and Duration: **___ OT Discretion ___x/wk for _____wks**
___ Home therapy visits required

___ WELLNESS PROGRAMS (Self-Pay)

___Therapeutic Massage
___Therapy Maintenance/Personal Training
___Pilates Equipment Training

_____ _____ _____
Physician Name **Physician Signature** **Date**

Please fax to **(239) 395-5857** with patient demographics sheet.
Please call (239) 395-5858 with any questions.
Thank you for referring your patient to our care.

2242 Periwinkle Way, Unit 2, Sanibel, FL 33957 www.islandtherapycenter.com
Located in the Sanibel Square, near the Bean, opposite the community playground on Periwinkle Way.