Reddy-Care
PHYSICAL THERAPY

# PHYSICAL THERAPY REFERRAL

**Great Neck-**Tel: 516-829-0030 • Fax: 516-466-7723
**Farmingdale-** Tel: 516-420-2900 • Fax: 516-420-2908
**www.reddycare.net**

Patient's Name: _____ Date: _____

Diagnosis: _____

Precautions: _____

_____

## THERAPEUTIC EXERCISE

- ☐ Therapeutic Exercise
- ☐ Joint Mobilization
- ☐ ADLTraining/Safety
- ☐ Orthotic Training
- ☐ Manual/Massage Therapy
- ☐ Assisted Device Training
- ☐ Postural
- ☐ Range of Motion
- ☐ Neuromuscular Re-education
- ☐ Muscle Strengthening
- ☐ Balance/Coordination
- ☐ Gait/Ambulation Training
- ☐ General Conditioning Exercises
- ☐ Body Mechanics Training

**Duration of Treatment:** _____ times a week for _____ weeks

Signature: _____

Name: _____