



Physical Therapy/Hand Therapy Referral

Patient Name: _____

Date of Birth: _____

Patient Telephone: _____

Physician Name: _____

Physician Telephone: _____

Diagnosis: _____

Precautions: _____

Therapist to Evaluate & Determine Treatment: _____

Orthosis: _____

TREATMENT:

- | | |
|--|---|
| <input type="checkbox"/> EVALUATE AND TREAT | <input type="checkbox"/> MODALITIES |
| <input type="checkbox"/> NEUROMUSCULAR RE-ED | <input type="checkbox"/> MANUAL THERAPY |
| <input type="checkbox"/> BALANCE TRAINING | <input type="checkbox"/> WORK CONDITIONING |
| <input type="checkbox"/> THERAPEUTIC EXERCISES | <input type="checkbox"/> SPORTS REHABILITATION |
| <input type="checkbox"/> HOME EXERCISE PROGRAM | <input type="checkbox"/> POST-SURGICAL REHABILITATION |
| <input type="checkbox"/> FUNCTIONAL MOBILITY | <input type="checkbox"/> OCCUPATIONAL THERAPY |
| <input type="checkbox"/> HAND THERAPY | |

FREQUENCY:

- 3x 2x 1x Daily

DURATION: _____ weeks

Physician Signature _____

Date _____

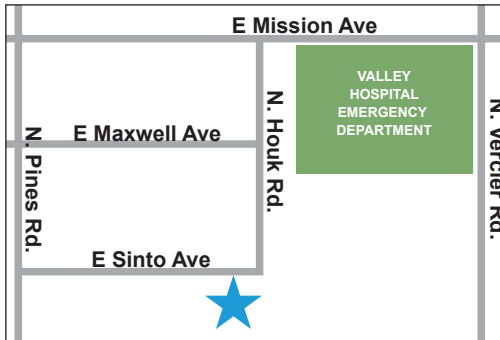
OUR LOCATIONS

www.inspireptspokane.com



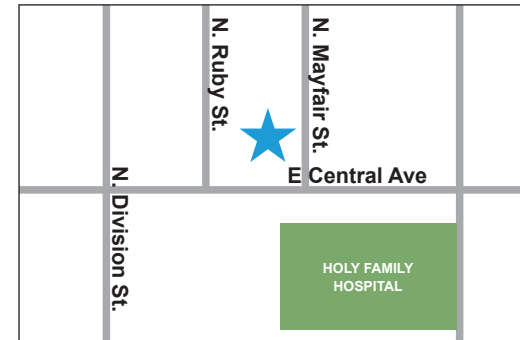
DOWNTOWN SPOKANE

601 W. 5th Ave #308 Spokane, WA 99204
p: 509.624.2353 | f: 509.624.2501



NORTH SPOKANE

5905 N. Mayfair #100 Spokane, WA 99208
p: 509.462.8010 | f: 509.462.8011



SPOKANE VALLEY

12410 E. Sinto Ave. #205 Spokane Valley, WA 99216
p: 509.922.5156 | f: 509.893.3962

We have 3 convenient locations serving the greater Spokane Area. Office hours are 7am to 6pm, Monday through Friday.