



Physical Therapy Referral & Plan of Care

Back On Track Physical Therapy

www.backontrack-pt.com

Physical Therapy that's right for you!

- ☐ 5976 W Las Positas Blvd #110, Pleasanton, CA 94588 • P: 925.426.6986 | F: 925.426.0277
- ☐ 301 Lennon Ln #202, Walnut Creek, CA 94598 • P: 925.934.6373 | F: 925.934.3363
- ☐ 1904 Olympic Blvd #111, Walnut Creek, CA 94596 • P: 925.378.7652 | F: 925.378.7674
- ☐ 2280 Diamond Blvd #320, Concord, CA 94520 • P: 925.269.9800 | F: 925.420.7340
- ☐ 8385 Brentwood Blvd #A, Brentwood, CA 94513 • P: 925.644.1440 | F: 925.660.0110

Patient Name: _____ Date of Birth: _____

Phone #: _____ Diagnosis/ICD-10: _____

Date of Injury/Surgery: _____ Contraindications: _____

☐ Evaluate & Treat as indicated by Therapist

MODALITIES

- ☐ Rehabilitation
- ☐ Electrical Stimulation
- ☐ Manual Traction
- ☐ Laser
- ☐ Ultrasound
- ☐ Phonophoresis
- ☐ Iontophoresis
- ☐ Dexamethasone
- ☐ Contrast Baths

SOFT TISSUE MOBILIZATION

- ☐ Therapeutic Massage
- ☐ Myofascial Release
- ☐ Joint Mobilization

THERAPEUTIC EXERCISE

- ☐ Range of Motion
- ☐ AROM
- ☐ AAROM
- ☐ PROM
- ☐ Stretching & Strengthening
- ☐ Quad Strength
- ☐ Hamstring Flexibility
- ☐ RTC Strength
- ☐ Scapular Stability
- ☐ Spinal Stabilization

SPECIAL PROGRAMS

- ☐ Hand Rehabilitation
- ☐ TMJ / TMD / Jaw Pain
- ☐ Vestibular Rehabilitation
- ☐ Chronic Pain
- ☐ Graston Technique
- ☐ Spinal Decompression/
Mechanical Traction
- ☐ ATM-2 Neuromuscular
Re-Education

I certify / recertify that I have examined the patient and outpatient therapy above is necessary, the service will be furnished while the patient is under my care, and that the plan is established and will be reviewed every 30 days or more often if the patient's condition requires it.

Physician's Name: _____ Phone #: _____

Physician's Signature: _____ Fax #: _____

Treatment Goals: _____ Date: _____

Our office will obtain INSURANCE AUTHORIZATION on behalf of your patient.