



WACO: 1200 Richland Dr, Suite G, Waco, TX 76710 | T: (254) 772-0118 | F: (254) 772-3883 | www.bosqueriverpt.com

PHYSICAL THERAPY REFERRAL

Patient's Name _____ DOB: _____

Date _____ Date of Injury _____ Date of Surgery _____

Evaluate, assess and treat physical dysfunction as indicated by Diagnosis and Goals of Treatment

Diagnosis _____

Goals of Treatment _____

Frequency of Treatment _____

Precautions _____

Fall Risk Assessment

Specific treatment prescription may be indicated below:

MODALITIES

As determined by physical therapist.

As specified below:

JOINT/SOFT TISSUE MOBILIZATIONS

As determined by physical therapist.

As specified below:

THERAPEUTIC EXERCISE

As determined by physical therapist.

As specified below:

SPINAL REHABILITATION

As determined by physical therapist.

As specified below:

WORK INJURY PROGRAMS

As determined by physical therapist.

As specified below:

PATIENT EDUCATION

As determined by physical therapist.

As specified below:

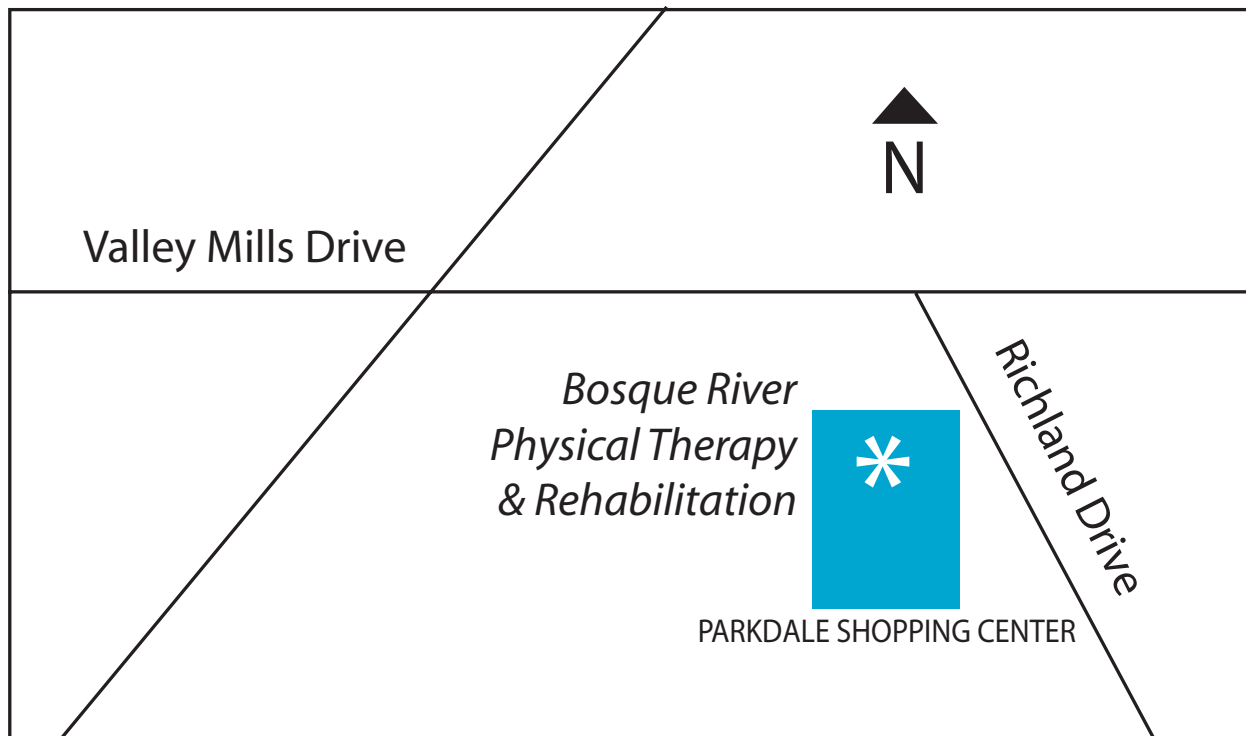
This plan is medically necessary as indicated

Physician Name _____ Signature _____ UPIN #: _____

DO NOT EMAIL PRESCRIPTION: The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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Bosque Physical Therapy & Rehabilitation is featured on

PTandMe.com

*An informational site for patients interested
in or considering physical, occupational, and/or hand therapy.*

JUST A REMINDER

- Please bring this referral with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.

WHAT TO WEAR

- Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.

WHAT TO BRING

- (Insurance Forms)
- Referral from your doctor.
 - PPO/HMO information.
 - For workers' comp claim, bring employer information number.