



SMOKY
MOUNTAIN
Sports Medicine & Physical Therapy

Physical Therapy Referral Form

- 270 N. Haywood Street 80 Songbird Forest Rd. 90 East Main Street 594 Centennial Dr.
Waynesville, NC 28786 Bryson City, NC 28713 Sylva, NC 28779 Cullowhee, NC 28723

****PLEASE INCLUDE INSURANCE INFORMATION WITH REFERRAL**

Patient Name: _____ DOB: _____

Diagnosis/Surgery: _____

Precautions: _____ Patient Phone: _____

- Evaluate and Treat
 Other (please specify): _____

Modalities:

- | | |
|--|---|
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Therapist Discretion |
| <input type="checkbox"/> Neuromuscular Re-ed | <input type="checkbox"/> Hot Pack |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Posture Correction | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Body Mechanics | <input type="checkbox"/> E-Stim |
| <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> TENS Unit |
| <input type="checkbox"/> Orthotics Consult | <input type="checkbox"/> Iontophoresis |
| | <input type="checkbox"/> Phonophoresis |

Frequency/Duration: _____ Times per Week for _____ Weeks. Other: _____

Physician/Provider: _____ Follow up Date: _____

Signature: _____ Date: _____

***I hereby certify that physical therapy is medically necessary for this patient's plan of care.*

Main Scheduling Phone: 828-550-3923

Fax: 828-354-0209