



SMOKY
MOUNTAIN

SPORTS MEDICINE & PHYSICAL THERAPY

Physical Therapy Referral Form

Waynesville

☐ 270 N. Haywood Street
Waynesville, NC 28786

Sylva

☐ 90 E Main St
Sylva, NC 28713

Cashiers

☐ 130 US-64 Unit 11B
Cashiers, NC 28717

Bryson City

☐ 80 Songbird Forest Rd
Bryson City, NC 28713

Cullowhee

☐ 594 Centennial Dr
Cullowhee, NC 28723

Asheville

☐ 149 New Leicester Hwy
Asheville, NC 28806

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

Patient Name: _____ DOB: _____

Diagnosis/Surgery: _____

Precautions: _____ Patient Phone: _____

☐ Evaluate and Treat

☐ Other (please specify): _____

- ☐ Therapeutic Exercise
- ☐ Neuromuscular Re-ed
- ☐ Manual Therapy
- ☐ Posture Correction
- ☐ Body Mechanics
- ☐ Home Exercise Program
- ☐ Orthotics Consult

Modalities:

- ☐ Therapist Discretion
- ☐ Hot Pack
- ☐ Cold Pack
- ☐ Ultrasound
- ☐ E-Stim
- ☐ TENS Unit
- ☐ Iontophoresis
- ☐ 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