

BARNES PHYSICAL THERAPY

Orthopedic Certified Specialist

Physical Therapy Referral

Date: _____ Diagnosis/Code: _____

Patient Name: _____ Pt. Phone: _____ DOB: _____

Precautions/Comments: _____ Freq. / Dur. _____ x week for _____ weeks

- Evaluate and Treat
- DDMT (Daily Dosed Motion Therapy)
 - Therapeutic Exercise
 - Neck/Back School
 - Home Program
- Manual Therapy
 - Joint Mobilization / Manipulation
 - Myofascial Release
 - Rhythmic Stabilization
- Other: _____
- Neuro-Muscular Reeducation
- Gait Training
- Custom Orthotics (Plaster Cast)
- Bracing/Taping as needed
- Ultrasound/E-Stim/Combo
- Cervical/Lumbar Mechanical Traction

**PLEASE FAX PRESCRIPTION
TO LOCATION OF CHOICE**

Physician's Signature

Office Phone

Leon Springs

24123 Boerne Stage Rd., Ste #109
San Antonio, TX 78255
Phone: 210.698.1919 • Fax: 210.698.6919

Boerne

1415 East Blanco Rd., Ste. 5
Boerne, TX 78006
Phone: 210.979.7500 • Fax: 210.979.7501

Medical Center

5430 Fredericksburg Rd., Ste. 400-A
San Antonio, TX 78229
Phone: 210.979.7500 • Fax: 210.979.7501