

NTS Physical Therapy
& Medical Supply
9132 Ogden Ave.
Brookfield, IL 60513



PHYSICAL THERAPY REFERRAL

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Email: info@ntsinc.org
Website: www.ntsinc.org

Patient Name: _____ **Date:** _____

Patient Phone: _____ **DOB:** _____

Diagnosis: _____

Evaluate & Treat At Therapist's Discretion _____ **times per week for** _____ **weeks**

Manual Therapy

- Soft Tissue Mobilization
- Joint Mobilization

Modalities

- Ultrasound
- Electrical Stimulation
- Massage
- Phonophoresis

Durable Medical Equipment/Supplies

Therapeutic Exercise

- Passive ROM
- Active Assistive ROM
- Progressive Resistive Exercise
- Strengthening
- Core Strengthening
- Closed Chain Exercise
- Posture/Body Mechanics
- Home Exercise Program

Compression Stockings/Custom Orthotics

Neuromuscular Re-education

Gait/Balance Training

Back School

Worker's Compensation

Work Conditioning/Hardening

Functional Capacity Evaluation

Comments: _____

**Physician's
Signature:** _____

Phone: _____

Print Name: _____

Fax: _____