



Mackay Plaza, Thompson Blvd
P.O. Box SP-60027
Nassau, Bahamas
Phone: (242)698-1040
Fax: (242)698-1041
Email: office@paramountrehabfitness.com

PHYSICAL THERAPY REFERRAL

Name _____
D.O.B: _____ Tel Contact: _____

Diagnosis/Notes: _____

ICD-9 Code: _____ Frequency/Duration: _____
Precautions/Contraindications: _____

- Treatment**
- Evaluate & Treat
 - Sports Evaluation & Treatment
 - Home Therapy
 - Aquatic Therapy
 - Wellness & Fitness Evaluation
 - Electro Therapy
 - Manual Therapy
 - Therapeutic Exercise
 - Lymphedema Evaluation & Treatment
 - Neuromuscular Rehabilitation
 - Balance Training
 - Ergonomic/Worksite Evaluation
 - _____

- Goals**
- Relieve Pain
 - Increase Strength
 - Improve Range of Motion
 - Improve Flexibility
 - Restore Gait Pattern
 - Improve Body Mechanics
 - Reduce Swelling/Inflammation
 - Normalize Lymph drainage
 - Improve Endurance
 - Independent w/ Exercise Program
 - Improve Balance
 - _____

Physician Signature:
