

True Care Medical Therapy Center  
Physical and Occupational Therapy  
Phone-(218)666-2697 Fax-(218)666-2620

**Referral Form**

P.T.

O.T.

Patient's name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Comments/Precautions: \_\_\_\_\_

**GOALS:**

- Relieve Pain
- Decrease Edema
- Increase Endurance
- Improve Mobility/Ambulation
- Increase Strength
- Increase Range of Motion
- Improve Functional Skills
- Other \_\_\_\_\_

**FREQUENCY:**

By Therapist's Treatment Plan

Or \_\_\_\_\_ times per week for \_\_\_\_\_ weeks

**TREATMENTS:**

Evaluate and Treat per Therapist's discretion

Modalities:  E-Stim  Ultrasound  Cold  Moist Heat

- Home Program and Education
- Balance Recovery
- Ambulation/Transfer Training
- Sensory Processing
- Other \_\_\_\_\_
- Visual Motor Integration
- Wheelchair/Adaptive Equipment Evaluation or training
- Developmental Delay
- Recover Activities of Daily Living

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Info and Directions and map on back. Our Building is located behind subway in Cook.