



HAMILTON

PHYSICAL THERAPY

410-208-3300 • HamiltonPTcares.com

PATIENT REFERRAL

Patient Name _____

Diagnosis _____

Frequency / Duration per week _____

EVALUATE & TREAT

EXERCISE / PROCEDURES

- BALANCE
- FLEXOR / EXTENSOR PROTOCOL
- GAIT
- POSTURE & BODY MECHANICS
- ROM: A/AA/PROM
- STABILIZATION
- STRENGTHENING
- OTHER _____

MODALITIES / PROCEDURES

- ELECTRICAL STIMULATION
- FLUIDOTHERAPY
- GAME READY COLD COMPRESSION
- HOT/COLD PACK
- MANUAL THERAPY
- PARAFFIN
- PHONO/IONTOPHORESIS
- TRACTION

CUSTOM SPLINTING/ORTHOTICS

PROGRAMS

- ANKLE/FOOT
- ARTHRITIS
- BACK
- CERVICAL SPINE
- COMPLEX REGIONAL PAIN SYNDROME (CRPS)
- HAND THERAPY (HTCC CERTIFIED)
- HIP
- KNEE
- POST CONCUSSION
- SHOULDER
- SPINAL STABILIZATION
- TOTAL JOINT REPLACEMENT
- VESTIBULAR
- WORK CONDITIONING
- OTHER _____

SPECIAL INSTRUCTIONS and PRECAUTIONS



HAMILTON

PHYSICAL THERAPY

11007 Manklin Creek Road

Berlin, MD 21811

P: 410-208-3300 *Pennington Commons, steps*

F: 410-630-5440 *away from Food Lion.*

info@HamiltonPTcares.com

PHYSICIAN'S SIGNATURE

_____ Date _____

By making this referral, the physician certifies that the requested PT is a medical necessity.