bridge body
CLINIC + TRAINING

Physical Therapy Referral Form

195 Arizona Ave NE, Suite LW2
Atlanta, GA 30307
a678.757.4366 • bridgebody.com

Patient's Name: ______________________________ Date: ______________

Patient's Phone #: ______________________________

Diagnosis: ______________________________

Precautions: ______________________________

ICD #: ______________________________

Diagnostic Testing/Surgery: ______________________________

☐ Evaluate ☐ Contact before commencing treatment ☐ Other

Additional Comments: ______________________________

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I hereby certify that the services indicated above are medically necessary for this patient's diagnosis.

Physician's Signature: ______________________________

Diagnosis Treated

Orthopedics

- Low Back Pain
- Hip Pain
- Knee Pain
- Neck Pain
- Headaches
- Thoracic Pain
- Rib Dysfunction
- Osteoarthritis
- Osteoporosis
- Joint Hypermobility
- Athletic Injuries
- Over-use Injuries
- Return to Sport

Pelvic Health

- Pelvic Floor Dysfunction
- Pregnancy/Postpartum Care
- Stress Incontinence
- Urgnecy/Frequency Incontinence
- Pelvic Pain
- Painful Sexual Intercourse
- Coccydynia
- Pudendal Neuralgia
- Constipation

Specialty Treatments

- Trigger Point Dry Needling
- RedCord Suspension Training
- Running Assessments
- Pilates
- Nutrition
- Fitness, Prevention & Wellness