



PHYSICAL THERAPY REFERRAL

DAVID L. WILHOITE, PT

T. RASHAD PEARSON, PT

WWW.WILHOITEPT.COM

Patient: _____

Diagnosis: _____

Recent Surgery: _____ Date: _____

Precautions: _____

Frequency: _____ times per week for _____ weeks per Physical Therapist

Treatment Plan.

Evaluate and Treatment

Aquatic Therapy

Home Program and Exercise

Balance and Instability

Pre-Op/Post-Op Rehab

Vestibular Rehab

ROM/Strengthening

Hand Therapy

Myofascial Treatment/Manual Therapy

Kinesio Taping

Cupping

Other: _____

Signature _____ Date _____

651 Snow Street

Oxford, AL 36203

Phone 256-241-7500

Fax 256-241-7501