

# JUST BE FIT, INC.

EXERCISE BASED REHABILITATION

*Begin to build a "fitter" life for yourself*



## PHYSICIAN / THERAPIST REFERRAL FORM

PHYSICIAN/

THERAPIST NAME: \_\_\_\_\_ DIAGNOSIS/ICD9: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### I. PATIENT CATEGORY

#### CHECK ONE

- PAIN MANAGEMENT
  - BACK
  - LOWER EXTREMITY
  - UPPER EXTREMITY
- PRE SURGERY REHAB: SURGURY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- POST SURGERY REHAB: SURGURY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- STROKE AFTERCARE
- CARDIAC REHAB PHASE IV

### II. EXERCISE BASED REHAB

- POSTURE RE-EDUCATION
- GAIT TRAINING
- BALANCE TRAINING
- WEIGHT LOSS / WEIGHT GAIN
- SPORTS SPECIFIC \_\_\_\_\_
- GENERAL STRENGTHENING

### III. REQUESTED SERVICE(S)

- SOFT TISSUE / MANIPULATION / MASSAGE
- ULTRASOUND / E-STIM
- HEAT / ICE

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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