



Colorado
**PHYSICAL THERAPY
SPECIALISTS**

Date: _____

PHYSICAL THERAPY REFERRAL & CONSULTATION

Patient's Name: _____

Diagnosis: _____

Request: Evaluate & Treat

Speciality Requests:

- Wellness/Cardio evaluation & exercise prescription
- Running/Sports examination & assessment
- ASTYM® Treatment (www.ASTYM.com)
- Pelvic Floor Dysfunction
- Trigger Point Intramuscular Dry Needling

OTHER/COMMENTS: _____

Referring Providers Signature: _____

Choose from either of our two convenient locations:

- 210 West Magnolia • Ft. Collins, Colorado 80521
- 115 E. Harmony Road • Ft. Collins, Colorado 80525

(970) 221-1201 • www.ColPTs.com