WashU Medicine

Physical Therapy

Central West End
☐ 4444 Forest Park Ave.
Suite 1210
St. Louis, MO 63108
(Pelvic Health & Lymphedema only)

☐ 4240 Duncan Ave.
Suite 120
St. Louis, MO 63110

O'Fallon, MO
☐ 1 Progress Point
Suite 100
O'Fallon, MO 63368

Sunset Hills
☐ 3700 South Lindbergh Blvd.
Suite B.
St. Louis, MO 63127

ptpatients.wustl.edu
314-286-1940
Fax Referrals: **314-286-1473**
Internal Referrals: Please use EPIC

Outpatient Services:

- ☐ Aphasia clinic
- ☐ ASTYM
- ☐ Augmentative & alternative Communication program
- ☐ Balance disorders program
- ☐ Blood flow restriction
- ☐ Brain injury rehabilitation
- ☐ Concussion clinic
- ☐ Driving training
- ☐ Golf clinic
- ☐ Incontinence program
- ☐ Injury prevention programs
- ☐ MS program - Gait disorders
- ☐ Musculoskeletal rehabilitation
- ☐ Pelvic health program
- ☐ Neurological conditions
- ☐ Obesity management
- ☐ Oncological lymphedema management
- ☐ Overhead athlete program
- ☐ Parkinson's rehabilitation
- ☐ Pre-& post- surgical rehabilitation
- ☐ Rehabilitation of the performing artist
- ☐ Running clinic
- ☐ Spinal cord injury
- ☐ Sports performance program
- ☐ Stroke rehabilitation
- ☐ Temporomandibular joint dysfunction
- ☐ Thoracic outlet syndrome
- ☐ Wheelchair clinic

Date _____ Patient DOB_____

Name_____ Date of injury/onset_____

Phone_____ Insurance #_____ Auth #_____

DX_____

Next Appt. Date_____ Date of Surgery_____

Evaluate & Treat

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy

☐ Augmentative & Alternative Communication Device Evaluation (OT/ST)

Special Instructions/Comments:

_____

_____

_____

_____

_____

Precautions:

_____

_____

_____

_____

_____

Frequency & Duration:

☐ Therapist Discretion -OR-

☐ 1 2 3 4 5 days/week (circle one)

☐ _____ Weeks (number)

☐ Treatment goals as per therapist discretion unless otherwise noted above

Physcian/ Non-physician practitioner signature _____

Print Name: _____

Physician phone number: _____

@washumedpt

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