



CASCADe SPINE & INJURY CENTER

MULTIDISCIPLINARY EVIDENCE-BASED INJURY CARE

Date _____ Referring Provider _____

Patient Name / Phone Number _____

Diagnosis _____

Secondary Diagnosis / Precautions _____

Case Type Motor Vehicle Accident Work Injury Other _____

Referral Type

Evaluate and Treat OR Specific Therapies (indicate below)

Specific Therapies

Manipulation

- Cervical
- Thoracic
- Lumbar
- Sacral/Ilium
- Extremity
- _____

Massage/Manual Therapy

- Massage Therapy
- Myofascial Release
- Joint Mobilization
- Manual Traction

Acupuncture

- Acupuncture
- Cupping
- Gua Sha
- Herbal medicine
- Tuina

Modalities

- Inferential Current
- Moist Heat/Ice
- Intersegmental Traction
- Cervical Traction
- Lumbar Traction
- Ultrasound
- Hot Laser

Therapeutic Exercise

- Corrective/Postural
- Core/Spine Stability
- Improve ROM
- Proprioceptive Retraining
- _____

Comments _____

Duration 2 Weeks 4 Weeks 6 Weeks 8 Weeks Other _____

THANK YOU FOR YOUR REFERRAL