

Cook Children's
SPORTS Rehab Northeast
750 Mid Cities Blvd., Suite 130
Hurst, Texas 76054
(817) 347-2925
Referral Fax: (817) 347-2985

Cook Children's
Sports Rehab Ft. Worth
1919 Eighth Avenue
Fort Worth, Texas 76104
(682) 885-4063

Cook Children's
Sports Rehab Mansfield
2000 Matlock Road, Suite 100
Mansfield, Texas 76063
(682) 885-2200

**To Schedule an
Appointment**
Phone: 817-347-2925
Fax: 817-347-2985

REQUIRED FIELDS: In order for this referral to be processed, all fields must be filled out.

| | | |
|------------------------|------------------|-------------|
| Patient's Name: | DOB: | Sex: |
| Diagnosis: | ICD Code: | |

Surgery Date _____ **Follow-up with Physician** _____

- ☐ **PHYSICAL THERAPY** ☐ **OCCUPATIONAL THERAPY**
☐ **EVALUATE AND TREAT** ☐ **MODALITIES AS NEEDED** ☐ **TEACH HOME PROGRAM**

Priority: ☐ Stat (<24 hours) ☐ High (<1 week) ☐ Routine (2-3 weeks)

Specific Modalities (as needed): _____ E-Stim _____ NMES _____ Tens _____ (_____ Home Unit) _____ US _____ Phono _____ Ionto _____ Paraffin _____
_____ Ms. Biofeedback

RESTRICITIONS/PRECAUTIONS: *(brace requirements, ROM limitations, wt. bear, incisional care, general medical)*

WEIGHT BEARING STATUS:

- ☐ Non-Weight Bearing ☐ Toe-Touch Weight Bearing ☐ Partial Weight Bearing ☐ Full Weight Bearing ☐ Weight Bearing As Tolerated

Progress to full weight bearing status by: _____

☐ Therapist may return patient back to community based physical activities and/or sports when appropriate.

SPECIFIC HIP REHAB

- ☐ AVULSION FRACTURE: _____ (LOCATION)
☐ LABRAL TEARS
☐ LEGGS-CALVE-PERTHES
☐ SLIPPED CAPITAL FEMORAL EPIPHYSIS

SPECIFIC KNEE REHAB

- ☐ ACL POST-OP ☐ ACL NON-OPERATIVE/PRE-OP ☐ ACL POST-OP WITH MENISCAL
_____ PATELLA TENDON GRAFT _____ HAMSTRING GRAFT _____ I-T BAND GRAFT
☐ ANTERIOR KNEE PAIN/ PATELLOFEMORAL PAIN/ CHONDROMALCIA
☐ I-T BAND SYNDROME
☐ MENISCAL ☐ POST-OP MENISCAL
☐ LATERAL RETINACULAR RELEASE
☐ OSGOOD-SCHLATTER
☐ PATELLAR INSTABILITY/ DISLOCATION
☐ PCL

SPECIFIC ANKLE REHAB

- ☐ SEVER'S / ACHILLES TENDONITIS
☐ PLANTAR FASCIITIS

SPECIFIC SPINE REHAB

- ☐ HERNIATED DISK
☐ KYPHOSIS / SCHEUERMANN'S DISEASE
☐ NON OPERATIVE SCOLIOSIS ☐ POST-OP SCOLIOSIS
☐ POSTURAL DYSFUNCTION
☐ SPONDYLOSIS / SPONDYLOLISTHESIS

SPECIFIC SHOULDER REHAB

- ☐ AC/SC SEPARATION ☐ LITTLE LEAGUE SHOULDER
☐ GH DISLOCATION ☐ ROTATOR CUFF TEAR
☐ GH INSTABILITY/SUBLUXATION ☐ SLAP LESION
☐ IMPINGEMENT

SPECIFIC ELBOW REHAB

- ☐ DISLOCATION
☐ MEDIAL EPICONDYLITIS
☐ LATERAL EPICONDYLITIS
☐ OLECRANON FRACTURE
☐ SUPRACONDYLAR FRACTURE
☐ UCL SPRAINS

GENERAL REHAB: ☐ Contusion ☐ Fracture ☐ Osteochondritis ☐ Sprain ☐ Strain

Location: _____

Special Instructions: _____

| | | |
|-----------------------------|--------------|--------------|
| Physician Signature: | Date: | Time: |
| Print Physician Name: | | |

PRINT OR IMPRINT PATIENT INFORMATION



PTREFER

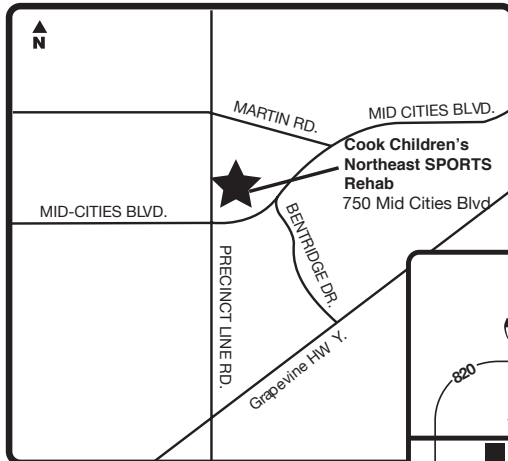
CookChildren's

801 Seventh Avenue
Fort Worth, Texas 76104-2796

SPORTS/ORTHO REHABILITATION REFERRAL

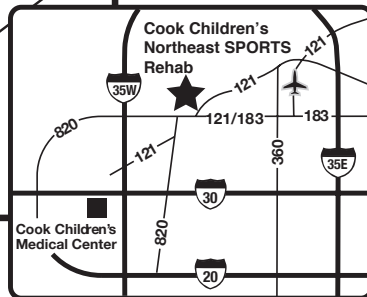
SPORTS Rehab locations

To schedule an appointment,
call 817-347-2925.
Fax all referrals to 817-347-2985.



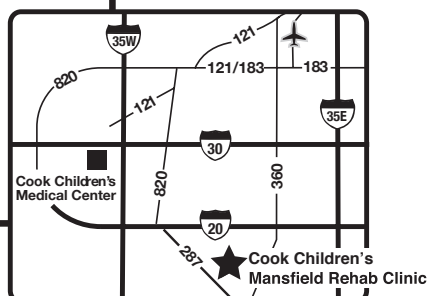
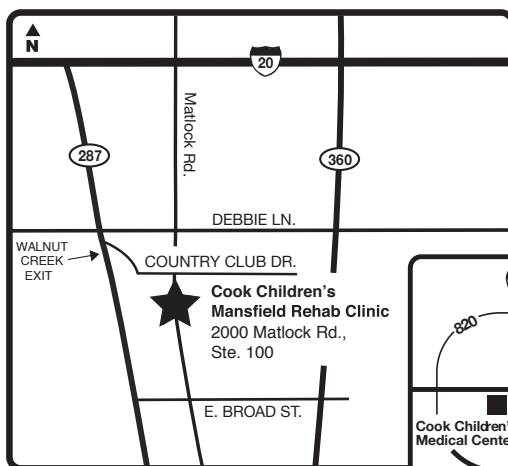
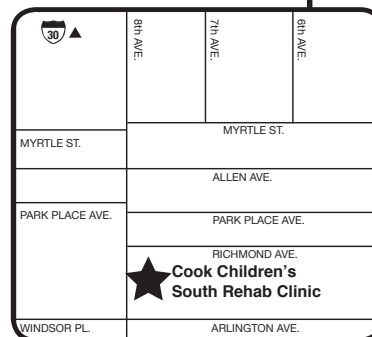
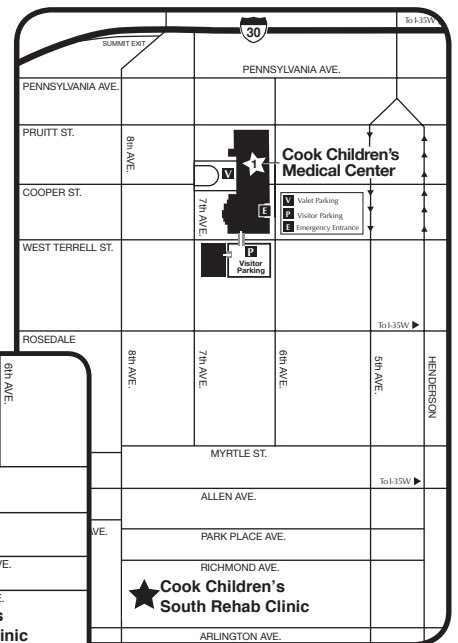
Hurst/Northeast SPORTS Rehab

SPORTS Program
750 Mid Cities Blvd., Ste. 130
Hurst, TX 76054
817-347-2925 phone
817-347-2985 fax



Fort Worth/South Rehab Clinic

1919 8th Ave.,
Fort Worth, TX 76110
682-885-4063 phone (not a scheduling line)
682-885-1878 fax



Mansfield Rehab Clinic

2000 Matlock Rd., Ste. 100
Mansfield, TX 76063
(not a scheduling line) 682-885-2200 phone
682-518-8383 fax

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