



KTH PHYSIOTHERAPY SERVICES REFERRAL FORM

DATE: _____

PHYSICIAN: _____

Patient Name:	Patient Phone #:
D.O.B. (DD/MM/YY): ____/____/____	(____) _____ - _____ (w)
N.I.B. Referral ☐ Yes ☐ No	(____) _____ - _____ (h)
(____) _____ - _____ (c)	
Diagnosis:	
Diagnosis Impacting Treatment:	

☐ Initial Evaluation	☐ Heat Rxs	☐ Cold Rxs
☐ Traction/Spinal Decompression	☐ Ultrasound/Phonophoresis	☐ Massage/Myofascial Release
☐ Gait Training	☐ Elec. Stim/Tens	☐ Passive Stretching
☐ ROM: ☐ passive ☐ active assistive ☐ active	☐ Laser Therapy	☐ Work Hardening
☐ Strengthening Exs.	☐ CPM Shoulder/Knee	☐ Osteoporosis Rx
☐ Pilates Rehab	☐ Women's Health/Pelvic Floor Rx	

Other/Notes:

DOCTORS SIGNATURE: _____
ESTIMATED NUMBER OF RXS: _____

OFFICE STAMP

Suite C1
East Bay Shopping Center
P.O. Box EE-16638
Nassau, Bahamas

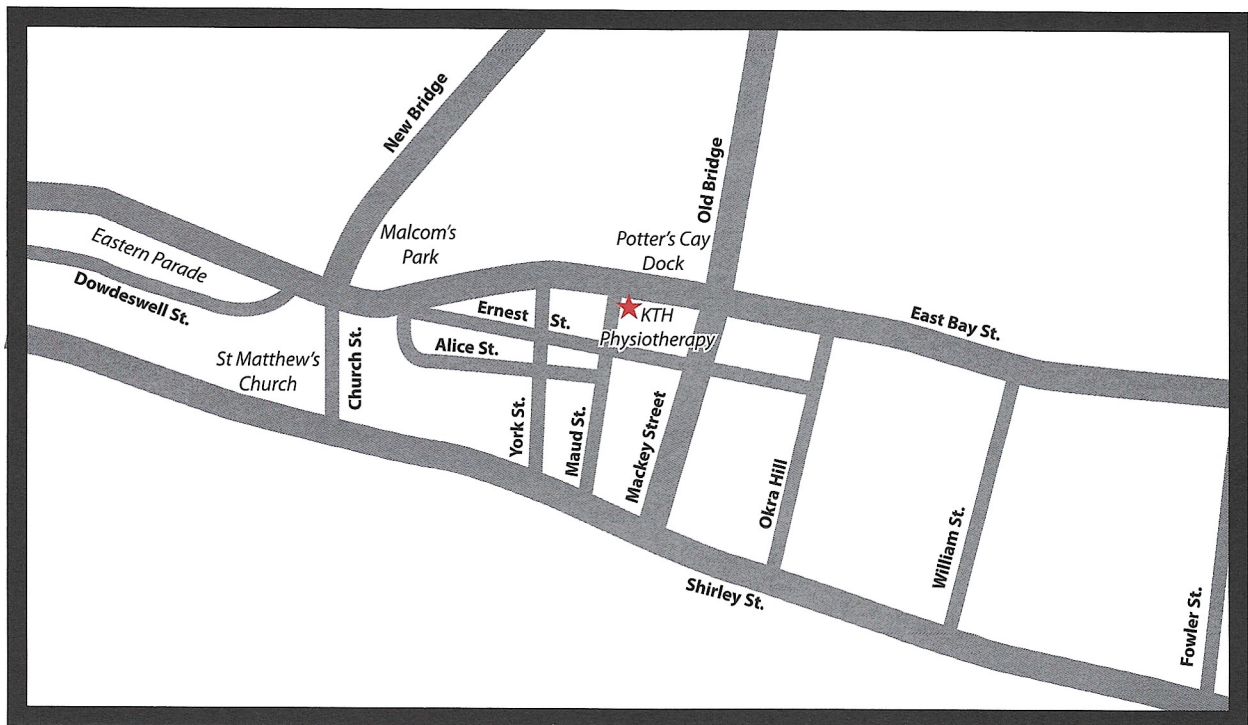
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Office Cell: 242.427.5161
Cell: 242.457.1067
Email: kathryn@kthphysiotherapy.com

Welcome to KTH Physiotherapy Services Ltd.

Your doctor has just referred you to us and we want to assure you that you are in good hands. Your first step on the road to recovery is to call us on 242.394.5161 to schedule your first physiotherapy session.

KTH offers a variety of treatment options. Our physiotherapy team will use those treatments best suited to your needs as we design and implement a plan of care to help you achieve your therapy goals.

We are located on East Bay Street, in the East Bay Shopping Centre, opposite the entrance to Potter's Cay Dock.



Please bring this referral to your first session. You will also need to bring your medical insurance card if you wish to use medical insurance.

We strive to offer the highest quality of care in a friendly, comfortable environment and we look forward to serving you at KTH.

Please visit our website for more information.

www.kthphysiotherapy.com