Legacy Rehabilitation Services

Sports Medicine

Physician Referral Form

LEGACY HEALTH

Please fax referrals to 503-672-6081 or call 503-672-6080

Legacy Medical Group–Cornell
1960 N.W. 167th Place, Suite 200, Beaverton, OR 97006

Patient _____ DOB _____

Patient phone _____

Diagnosis _____

Physician _____

Physician phone _____

Evaluate and treat ○ As appropriate

◉ Per protocol _____

- ☐ Manual therapy/joint mobilization
- ☐ Soft tissue mobilization
- ☐ Graston
- ☐ Strength and conditioning
- ☐ Biomechanics/ergonomics
- ☐ Gait analysis/training
- ☐ Therapeutic exercise
- ☐ Modalities

Sport services (ATC/CSCS)*:

- ☐ Return-to-sport program — for injured athletes after discharge from therapy
- ☐ Athletic enhancement — strength, agility, endurance for well athletes of all ages
- ☐ Injury prevention program
  - ☐ ACL
  - ☐ Shoulder
  - ☐ Other

*These services are generally not covered by health insurance and other third-party payers.