

Annual Mobility Evaluation Referral Request

Your patient has requested an Annual Mobility Evaluation from Apex. During this evaluation, a Doctor of Physical Therapy will assess your patient's gait, balance, strength and posture. The physical therapist will determine if age related norms for balance, strength, and posture are met; if there is a risk of falling; and if your patient's current activity routine addresses areas of concern that are found. Once the evaluation is completed, a plan of care for your patient will be sent to you with detailed information. We are excited to partner with you in maintaining your patient's health and mobility.

Patient Name: _____ **DOB:** _____

Phone: _____ **Date of onset:** _____

Diagnosis: _____

R29.81 Weakness

R26.81 Unsteadiness on feet

Physical Therapy Evaluation and Treatment

NOTES:

Physician Name

Clinic

Phone

Physician Signature

Date



West Fargo

1420 9th St. E, Ste. 401
West Fargo, ND 58078
Phone: 701-364-2739
Fax: 701-373-0037

Jamestown

805 5th Ave. NE
Jamestown, ND 58401
Phone: 701-952-2739
Fax: 701-952-2740

River's Bend

350 23rd Ave. E, Ste. 103
West Fargo, ND 58078
Phone: 701-639-2769
Fax: 701-639-2779

LaMoure

16 Main St. S
LaMoure, ND 58458
Phone: 701-883-5611
Fax: 701-658-7010

South Fargo

4803 38th St. S
Fargo, ND 58104
Phone: 701-639-0808
Fax: 701-639-0666

Edgeley

503 Main St, Ste. C
Edgeley, ND 58433
Phone: 701-658-7008
Fax: 701-658-7010