



# New Life

Physical Therapy | Sports Medicine | Employee Health

## LOCATIONS:

### Portage Office:

2639 New Pinery Road, Suite 2  
Portage, WI 53901  
Phone: 608.742.9356  
Fax: 608.742.9358  
*Hours:*  
Mon – Thu 7:00 AM - 6:00 PM  
Fri 7:00 AM - 4:30 PM

### Baraboo Office:

626 14th Street  
Baraboo, WI 53913  
Phone: 608-356-2334  
Fax: 608-356-2636  
*Hours:*  
Mon – Thu 7:30 AM – 5:30 PM  
Fri 7:30 AM – 12:00 PM

### Westfield Office:

211 N. Pioneer Park Rd.  
Westfield, WI 53964  
Phone: 608-296-2225  
*Hours:* By Appointment

## FAST FACTS

1. The choice of physical therapy provider is yours – choose the best.
2. We are a local privately owned professional health services company providing expert services.
3. Physical therapy services are a covered benefit of most health insurance plans.
4. We accept most insurance plans and can help if cost is a problem.
5. We specialize in physical movement, performance and comfort problems involving bones, joints, muscles, and nerves.
6. Our focus is on treating causes not just symptoms – a distinction that makes a difference.
7. If you have one or more of the following concerns, we can help:
  - “I can’t do...”
  - “It hurts when I...”
  - “I’m afraid that...”
  - “I want to be able to...”

**For information and convenient scheduling contact us today.**  
**www.NewLifePT.com**



# New Life

Physical Therapy | Sports Medicine | Employee Health

Referral  
**Rx**

*Discuss the benefits of  
New Life PT with your physician.  
Convenient Appointments Available.*

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_,  Male,  Female

Diagnosis: \_\_\_\_\_

**Improve pain, movement, stability, & function**

**Evaluate & Treat** (OR specify...)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manual Therapy       | <input type="checkbox"/> ROM / Flexibility      | <input type="checkbox"/> Hot / Cold Packs       |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Strength / Endurance   | <input type="checkbox"/> Ultrasound             |
| <input type="checkbox"/> Neuro-Reeducation    | <input type="checkbox"/> Function / ADLs        | <input type="checkbox"/> Electrical Stimulation |
| <input type="checkbox"/> Orthotics            | <input type="checkbox"/> Balance / Coordination | <input type="checkbox"/> Iontoporesis           |
| <input type="checkbox"/> Post-Op Rehab        | <input type="checkbox"/> Biomechanics / Posture | <input type="checkbox"/> Vasopneumatic Pump     |
|   | <input type="checkbox"/> Gait / Locomotion      | <input type="checkbox"/> Other..                |

Frequency & Duration: \_\_\_\_\_

**Contraindications / Precaution:**

**Special Instructions:**

## Referring Physician / Health Professional

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Phone*