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Se Habla Español

| Patients Name: | Date: |
|---|---|
| Home Ph #: | Work Ph #: |
| Insurance Info: | Date of Surgery: |
| | Date of Injury: |
| Diagnosis: | ICD-9 |
| EVALUATE AND TREAT (Specify Below) | |
| ☐ TREAT BASED ON OBJECTIVE FINDIN | GS: |
| Procedures ☐ Range of Motion ☐ Therapeutic Exercise ☐ Spine Stabilization ☐ Balance / Fall Prevention ☐ Cardiac Retraining ☐ Body Mechanics ☐ Patient Education ☐ Home Program Manual Therapy ☐ Soft Tissue Mobilization ☐ Joint Mobilization ☐ Massage | Frequency: Duration: X Days Weeks Special Instructions / Goals: |
| Modalities ☐ Heat ☐ Ice ☐ Ultrasound ☐ Iontophoresis / Phonophoresis | Physician Signature Date: |
| ☐ Traction☐ Electrical Stimulation☐ TENS | Print MD Name |