



879 Eureka St., Weatherford, TX 76086  
 (817) 341-0875 • (817) 594-9200 • (817) 594-9202 fax

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Next Appt: \_\_\_\_\_

**PHYSICAL THERAPY - Eval & Treat**

\_\_\_ **Post Surgical Therapy**

\_\_\_ **Acute Injury**

\_\_\_ **Aquatic Therapy**

\_\_\_ **Pain Management**

\_\_\_ **Hand Therapy**

\_\_\_ **Balance-Vestibular Rehab**

\_\_\_ **Wound Care**

- \_\_\_ Ultrasound    \_\_\_ E-Stim
- \_\_\_ Cold Laser    \_\_\_ Heat/Ice
- \_\_\_ Iontophoresis    \_\_\_ Phonophoresis
- \_\_\_ Interex Stim
- \_\_\_ Lumbar or Cervical Traction
- \_\_\_ Splinting/Bracing/Orthotics
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please add procedure type, date of surgery, and/or other precautions, as well as additional modalities and/or orders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Frequency: \_\_\_\_\_ X Per Week For \_\_\_\_\_ Weeks

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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