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 Jared Bailey PT  
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 John Hollinshead PT  
 Adrian Asencio OTR/L CHT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

ICD9: \_\_\_\_\_ Precautions/contraindications: \_\_\_\_\_

\_\_\_\_\_ Evaluate & Treat

\_\_\_\_\_ Pre-surgical exercise training and education

**Programs-**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Neck          | <input type="checkbox"/> Biofeedback                    | <input type="checkbox"/> Occupational Therapy           |
| <input type="checkbox"/> Back          | <input type="checkbox"/> TMJ Dysfunction                | <input type="checkbox"/> Hand Therapy                   |
| <input type="checkbox"/> Joint         | <input type="checkbox"/> Vestibular Rehab               | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Gym Program   | <input type="checkbox"/> Balance Training               | <input type="checkbox"/> Ergonomic Evaluation           |
| <input type="checkbox"/> Water Therapy | <input type="checkbox"/> Golf Evaluation & Conditioning | <input type="checkbox"/> Home Safety Evaluation         |
| <input type="checkbox"/> Gait Training |   |   |

**Women's Health-**

Biofeedback/Incontinence Training  Pelvic Pain  Pregnancy  Osteoporosis

Modalities as needed  Cervical Traction  Lumbar Traction

Frequency/duration: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks

Other instructions: \_\_\_\_\_

I certify that I have examined the patient and physical therapy is medically necessary for the health of the patient.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev 3-10



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