

SOUTH TAMPA

613 S. Magnolia Ave., Suite 2, Tampa, FL 33606
813-254-9475 • FAX 813-251-0460

Patient's Name: _____

Phone: _____

Email: _____



WESLEY CHAPEL

2008 Ashley Oaks Circle, Wesley Chapel, FL 33544
813-907-0430 • FAX 813-907-0963

Diagnosis: _____

Precautions: _____

PHYSICAL THERAPY

- | | |
|--|--|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Modalities
(Elect Stim., Ultrasound,
Iontophoresis) |
| <input type="checkbox"/> Therapeutic Exercise
(Active, Passive, PRE) | <input type="checkbox"/> Thermal Modalities
(Ice, Moist Heat) |
| <input type="checkbox"/> Functional Activities
(Gait, Balance, ADL) | <input type="checkbox"/> Traction
(Lumbar, Cervical) |
| <input type="checkbox"/> Neuromuscular
Re-education | <input type="checkbox"/> Comments:

_____ |
| <input type="checkbox"/> Manual Therapy
(Joint & Soft Tissue
Mobilization) | |

SPECIALTY PROGRAMS

- | | |
|---|--|
| <input type="checkbox"/> Activity Prescription Program <ul style="list-style-type: none">• General Exercise for Health/Disease Prevention• Oncology/Cancer Conditioning• Diabetes Management through Activity | <input type="checkbox"/> Injury Prevention Program for Runners |
| <input type="checkbox"/> Arthritis/Prehabilitation Program | <input type="checkbox"/> Post-Surgical Care |
| <input type="checkbox"/> Balance/Fall Prevention | <input type="checkbox"/> Prenatal Programs <ul style="list-style-type: none">• Carpal Tunnel Syndrome• Low Back/Pelvic Pain |
| <input type="checkbox"/> Cardiopulmonary Physical Therapy | <input type="checkbox"/> TMJ/Headache Program |
| <input type="checkbox"/> Low Back and Neck Pain | <input type="checkbox"/> Vestibular Rehabilitation |
| <input type="checkbox"/> Osteoporosis Program | <input type="checkbox"/> Work Injury/Return to Work |
| <input type="checkbox"/> Overhead Athlete Prevention Program | <input type="checkbox"/> Other: _____ |

Comments/Parameters: _____

Frequency: _____ times per week for _____ weeks. Signature: _____ Date: _____