



910 N Hwy 146, Suite. A  
Baytown, TX 77520

Phone: 281-837-7571  
Fax: 281-664-3789  
281-837-7573

PHYSICAL THERAPY

Date [ ]  
Patient's Name [ ] DOB [ ]  
DIAGNOSIS [ ] ICD 10 [ ]  
Date of Injury/Onset Date/Surgery [ ]

THERAPY TYPE/PROCEDURES

Evaluate and Treat

Therapeutic Exercise / Activities

AROM / AAROM / PROM / Strength

Modalities / Physical Agents

Electrical Stimulation

Ultrasound

Cold Pack / Moist Heat

Paraffin Wax

Traction

Manual Therapy

Joint / Soft Tissue Mobilization

Education / Home Exercise

Gait Training

Neuromuscular Re-education

Balance and Vestibular Rehab

Lymphedema Therapy

Iontophoresis / Phonophoresis

(with 4mg/ml inj. Dexamethasone 30cc use as directed)

Weight Bearing Status

FWB

PWB(%)

WBAT

NWB

Other [ ]

Precautions / Special Instructions [ ]

FREQUENCY

Therapist Discretion  5 X Week  3 X Week  2 X Week

DURATION

Therapist Discretion  8 Weeks  6 Weeks  4 Weeks  60 Days  30 Days Other [ ]

I certify that the rehabilitation procedures prescribed for this patient are medically and therapeutically necessary.

Physician's Name [ ] NPI# [ ]

Physician's Signature/Date [ ] Phone [ ] Fax [ ]