FYZICAL®
Therapy & Balance Centers

510 Independence Parkway • Suite 850
Chesapeake, VA 23320
757-290-0202 • Fax 757-842-6254

Special Instructions:

Patient Name: _____ Phone: _____

Referring Physician: _____ Date: _____

Diagnosis: _____

☐ **Evaluate & Treat** ☐ **Continue Current Rx**

Pre/Post-Op Rehabilitation

☐ Knee ☐ Neck
☐ Hip ☐ Elbow
☐ Back ☐ Wrist/Hand
☐ Shoulder ☐ Ankle/Foot

Balance Rehabilitation

☐ Balance Retraining Therapy
☐ Canalith Repos Maneuver
☐ Neurological Gait Training

Orthopaedic Rehabilitation

☐ Strengthening
☐ Flexibility/R.O.M.
☐ Stabilization
☐ Soft Tissue Mobilization
☐ Joint Mobilization
☐ Other _____

Programs

☐ Balance Retraining
☐ Vestibular Therapy
☐ Headaches
☐ Osteoporosis
☐ Fibromyalgia
☐ S/P CVA
☐ Parkinsons
☐ Sports Specific
☐ Work Specific

Modalities

☐ Ultrasound
☐ Electrical Stimulation
☐ Other _____

Patient Education

☐ Home Exercise Program
☐ Fall Prevention
☐ ADL Training
☐ Other _____

Frequency: _____ Days per week

Duration: _____ Weeks / Months
circle one

Physician Signature: _____

Physician Name (Printed) _____