



# FYZICAL<sup>®</sup>

## Dizziness & Fall Prevention Centers

Special Instructions:

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

Patient Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Pre/Post-Op Rehabilitation

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

### Balance Rehabilitation

- ☐ Balance Retraining Therapy
- ☐ Epley Maneuver (Manual)
- ☐ Neurological Gait Training
- ☐ NIR Infrared Treatment

### Orthopedic Rehabilitation

- ☐ Strengthening
- ☐ Flexibility/R.O.M.
- ☐ Stabilization
- ☐ Soft Tissue Mobilization
- ☐ Joint Mobilization
- ☐ Other: \_\_\_\_\_

### Programs

- ☐ Balance Training
- ☐ Vestibular Therapy
- ☐ Headaches
- ☐ Osteoporosis
- ☐ Fibromyalgia
- ☐ Status Post CVA
- ☐ Parkinson's
- ☐ Sports Specific
- ☐ Work Specific

### Modalities

- ☐ Electrical Stimulation
- ☐ Iontophoresis
- ☐ Traction
- ☐ Dry Needling

### Patient Education

- ☐ Home Exercise Program
- ☐ Fall Prevention
- ☐ ADL Training
- ☐ Other: \_\_\_\_\_

Frequency: ☐1 ☐2 ☐3 ☐4 Days per Week

Duration: \_\_\_\_\_ ☐ Weeks ☐ Months

☐ As recommended per PT Evaluation

☐ Eval & Treat

☐ Continue Current Rx

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No Stamps – Medicare & Medicare Advantage Patients Only)