

## FYZICAL | Durham Patient Name: \_\_\_\_\_Phone: \_\_\_\_ 4214 N. Roxboro St. Suite 100 Referring Physician: Durham, NC 27704 Ph: 919.479.9001 Diagnosis: Fax: 919.479.9003 Evaluate & Treat Special Instructions: **Pre/Post-Op Rehabilitation** ☐ Knee ☐ Neck ☐ Elbow ☐ Hip ☐ Back ☐ Wrist/Hand ☐ Shoulder ☐ Ankle/Foot Orthopedic Rehabilitation ☐ Strengthening ☐ Flexibility/R.O.M. ☐ Stabilization ☐ Soft Tissue Mobilization ☐ Joint Mobilization ☐ Other: \_\_\_\_\_ **Modalities** ☐ Ultrasound ☐ Electrical Stimulation ☐ Iontophoresis ☐ Traction ☐ Other: **FYZICAL** SPELLED DIFFERENT BECAUSE WE **ARE** DIFFERENT

n:	Date:
te & Treat	☐ Continue Current Rx
ehabilitation	Balance Rehabilitation
<ul><li>□ Neck</li><li>□ Elbow</li><li>□ Wrist/Hand</li><li>□ Ankle/Foot</li></ul>	<ul><li>□ Balance Retraining Therap</li><li>□ Epley Maneuver (Manual)</li><li>□ Neurological Gait Training</li><li>□ NIR Infrared Treatment</li></ul>
ehabilitation	Programs
aing R.O.M. n Mobilization lization ities timulation	□ Balance Retraining □ Vestibular Therapy □ Headaches □ Osteoporosis □ Fibromyalgia □ S/P CVA □ Parkinsons □ Sports Specific □ Work Specific □ Women's Health □ Men's Health □ Pelvic Floor
	Patient Education
AL® RENT BECAUSE RENT	☐ Home Exercise Program☐ Fall Prevention☐ ADL Training☐ Other:
Frequency:	Days per week
Duration:	Weeks / Months

circle one

Physician Signature: