



8337 Hwy 72 W Suite 102

Madison, AL 35758

Phone: 256-319-6515

Fax: 256-319-6516

o Evaluate and Treat

o Continue Current Treatment Plan

Patient Name: _____

DOB: _____

Date: _____

Phone: _____

Diagnosis: _____

Orthopedic Rehabilitation

- ☐ Strengthening
- ☐ Flexibility/ROM
- ☐ Stabilization
- ☐ Soft Tissue Mobilization
- ☐ Joint Mobilization
- ☐ Other: _____

Patient Education

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

Modalities

- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Other: _____

Balance Rehabilitation

- ☐ Balance Retraining Therapy
- ☐ Canalith Repositioning Maneuver
- ☐ Neurological Gait Training

Pre/Post Op Rehabilitation

- | | |
|--------------------------------|----------------------------------|
| <input type="radio"/> Knee | <input type="radio"/> Hip |
| <input type="radio"/> Neck | <input type="radio"/> Elbow |
| <input type="radio"/> Back | <input type="radio"/> Wrist/Hand |
| <input type="radio"/> Shoulder | <input type="radio"/> Ankle/Foot |

Physician Signature: _____

Physician Name (printed): _____



FYZICAL

Therapy & Balance Centers

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