



Medicare and Major Insurances Accepted

Fyzical at Mountain Island

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Charlotte, NC 28216

Phone:(704) 900-2909 * Fax: (704) 900-2908

Date: _____

Patient Name: _____ DOB: _____ Gender: Male / Female

Patient Phone : _____ 2nd Phone : _____

Diagnosis : _____ Dx Code : _____

Referring Physician Information

Referring Provider: _____

Referring Phone: _____ Referring Fax: _____

Evaluate/Treat Patient for Mobility Need Evaluate/Treat for Wheelchair Assessment and Training Needs

Evaluate/Treat for Mobility Assistive Device DME Training Evaluate/Treat for Strength and Balance Needs

PRE/POST OP REHABILITATION

- KNEE NECK
- BACK HIP
- SHOULDER ELBOW
- WRIST/HAND ANKLE/FOOT

BALANCE REHABILITATION

- BALANCE RETRAINING THERAPY
- EPLEY MANEUVER (MANUEL)
- NEUROLOGICAL GAIT TRAINING
- NIR INFRARED TREATMENT

PATIENT EDUCATION

- HOME EXERCISE PROGRAM
- FALL PREVENTION
- ADL TRAINING
- OTHER: _____

ORTHOPEDIC REHABILITATION

- STRENGTHENING
- FLEXIBILITY/R.O.M
- STABILIZATION
- SOFT TISSUE MOBILIZATION
- JOINT MOBILIZATION
- OTHER: _____

PROGRAMS

- BALANCE RETRAINING
- VESTIBULAR THERAPY
- VERTIGO
- OSTEOPOROSIS
- FIBROMYALGIA
- S/P CVA
- PARKINSON
- Other: _____

MODALITIES

- DRY NEEDLING
- ULTRASOUND
- ELECTRICAL STIMULATION
- IONTOPHORESIS
- TRACTION
- OTHER: _____

Special Instructions:

Physicians Name: _____ Physicians Signature: _____