

# FYZICAL<sup>®</sup>

Speech • Occupational • Physical

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## Pre/Post-Op Rehabilitation

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

## Orthopedic Rehabilitation

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

## Patient Education

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

## Balance Rehabilitation

- Balance Retraining Therapy
- Canalith Repos. Maneuver
- Neurological Gait Training

## Programs

- Headaches
- Fibromyalgia
- Osetoporosis
- Sports Specific
- Vestibular Rehab
- S/P CVA
- Parkinsons
- Work Specific

Frequency: \_\_\_\_\_  
Duration: \_\_\_\_\_

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### North Parker

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Physician Signature: \_\_\_\_\_