



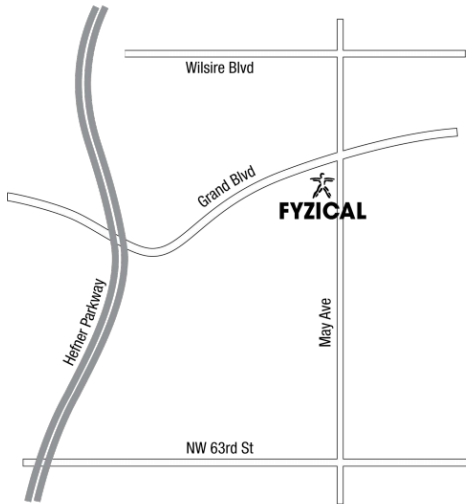
FYZICAL Therapy & Balance Centers of OKC

7415 N. May Ave.
Oklahoma City, OK 73116

Phone: (405) 400-8909

Fax: (405) 400-8949

OKC@FYZICAL.com



Special Instructions:

<p>Frequency:</p> <p>_____ Days per Week</p> <p>Duration:</p> <p>_____ Weeks/Months</p>

Patient Name: _____ Phone: _____

Referring Physician: _____ Date: _____

Diagnosis: _____

Evaluate & Treat

Continue Current Rx

Pre/Post-Op Rehabilitation

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

Balance Rehabilitation

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

Patient Education

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

Orthopedic Rehabilitation

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

Programs

- Balance Retraining
- Vestibular Therapy
- Headaches
- Osteoporosis
- Fibromyalgia
- S/P CVA
- Parkinsons
- Sports Specific
- Work Specific

Modalities

- Ultrasound
- Electrical Stimulation
- Iontophoresis
- Traction
- Other: _____

Pelvic Floor Rehabilitation

- Constipation (K59.0)
- Hip Pain (M25.559)
- Pubic Symphysis Pain (M25.559)
- Coccyx Pain (M53.3)
- SIJ Dysfunction (M53.3)
- Low Back Pain (M54.5)
- Diastasis (M62.0)
- Pelvic Floor Weakness (M62.5)
- SUI (N39.3)
- Voiding Dysfunction (N39.3)
- UUI (N39.41)
- Prolapse (N81.9)
- Dyspareunia (N94.1)
- Vaginismus (N94.2)
- Vulvodynia (N94.89)
- Urinary Frequency (R35.0)
- Straining to Void (R39.16)
- Pelvic & Perineal Pain (R10.2)
- Lower Abdominal Pain (R10.30)

Physician Signature: _____

Physician Name (Printed): _____