

Patient Name: \_\_\_\_\_Phone: \_\_\_\_

**FYZICAL** | Owasso 10512 North 110th East Avenue 150 Owasso, OK 74117 P: (918) 609-1300 F: (918) 609-1318

P: (918) 609-1300 F: (918) 609-1318 Special Instructions:	Referring Physician:	Date:
	Diagnosis: Evaluate & Treat	Conti
	Pre/Post-Op Rehabilitation	Balance Re
	<ul> <li>□ Knee</li> <li>□ Hip</li> <li>□ Back</li> <li>□ Wrist/Hand</li> <li>□ Shoulder</li> <li>□ Ankle/Foot</li> </ul>	☐ Balance ☐ Epley Ma ☐ Neurolog ☐ NIR Infra
	Orthopedic Rehabilitation	Pro
	☐ Strengthening ☐ Flexibility/R.O.M. ☐ Stabilization ☐ Soft Tissue Mobilization ☐ Joint Mobilization ☐ Other:	☐ Balance ☐ Vestibula ☐ Headach ☐ Osteopo ☐ Fibromya ☐ S/P CVA ☐ Parkinso ☐ Sports S
	Modalities	☐ Work Sp
	☐ Ultrasound ☐ Electrical Stimulation ☐ Iontophoresis ☐ Traction ☐ Other:	Patient  Home Exp Fall Prev ADL Train Other:
	Frequency:	Days per week
	Duration:	Weeks / Months

Date.		
Continue Current Rx		
Balance Rehabilitation		
<ul><li>□ Balance Retraining Therapy</li><li>□ Epley Maneuver (Manual)</li><li>□ Neurological Gait Training</li><li>□ NIR Infrared Treatment</li></ul>		
Programs		
<ul> <li>□ Balance Retraining</li> <li>□ Vestibular Therapy</li> <li>□ Headaches</li> <li>□ Osteoporosis</li> <li>□ Fibromyalgia</li> <li>□ S/P CVA</li> <li>□ Parkinsons</li> <li>□ Sports Specific</li> <li>□ Work Specific</li> </ul>		
Patient Education		
<ul><li>☐ Home Exercise Program</li><li>☐ Fall Prevention</li><li>☐ ADL Training</li><li>☐ Other:</li></ul>		
Days per week		
Mooks / Months		

Physician Signature:

circle one