

Patient's Name: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

Provider Name (Print): \_\_\_\_\_ Frq/Dur: \_\_\_\_\_ x \_\_\_\_\_

**EVALUATE & TREAT** at the Therapist's Discretion

**Modalities**

- Dry Needling
- Hot/Cold packs
- Ultrasound
- Paraffin Bath
- Cervical Traction
- Electrical Stimulation
- Iontophoresis

**Specialty Programs**

- Aquatic Therapy
- Balance Testing - BIODEX
- Pelvic Health Therapy
- Vestibular Rehabilitation

**Exercise Programs**

- Stretching
- Strengthening
- Endurance/Conditioning
- Neuromuscular Re-Ed
- Balance/Proprioception
- Home Program
- Work Conditioning
- Ergonomics
- Fall Prevention

**Testing**

- ROM Evaluation
- Manual Muscle Training
- Fall Risk

**Manual Therapy**

- Myofascial Release/STM
- Massage
- Joint Mobilization
- Manual Traction
- ASTYM

**Specialty Treatment**

- ADL Training
- BTE
- Worker's Compensation
- Splinting

**Splints**

- Finger Based
- Hand Based
- Fore Arm Based

**Notes & Precautions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PT/OT Goals**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Increase ROM           | <input type="checkbox"/> Decrease Pain       | <input type="checkbox"/> Improve Balance | <input type="checkbox"/> Improve Gait     |
| <input type="checkbox"/> Increase Strength      | <input type="checkbox"/> Decrease Swelling   | <input type="checkbox"/> Improve Healing | <input type="checkbox"/> Improve ADL      |
| <input type="checkbox"/> Increase Work Capacity | <input type="checkbox"/> Eliminate Dizziness | <input type="checkbox"/> Improve Posture | <input type="checkbox"/> Improve Function |

**REFERRING PROVIDER INFORMATION**

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certification: I certify that this treatment is medically necessary and required for the above named patient.



# FYZICAL<sup>®</sup>

Therapy & Balance Centers

## 1. Elizabeth

117 South Elizabeth St.  
Elizabeth, CO 80107  
P: 303.646.1445  
F: 303.646.1962

## 2. Falcon

7622 McLaughlin Rd.  
Peyton, CO 80831  
P: 719.495.3133  
F: 719.495.8685  
*Pelvic Floor Therapy*

## 3. Gleneagle

12229 Voyager Pkwy. #150  
Colorado Springs, CO 80921  
P: 719.488.0120  
F: 719.488.1427

## 4. Rockrimmon

6385 Corporate Dr. #307  
Colorado Springs, CO 80919  
P: 719.219.9795  
F: 719.219.9659

## 5. Briargate

4025 Family Place  
Colorado Springs, CO 80920  
P: 719.471.4430  
F: 719.471.4415  
*Aquatic Therapy*  
*Pelvic Floor Therapy*

## 6. S. Colorado Springs

2816 Janitell Rd.  
Colorado Springs, CO 80906  
P: 719.527.0848  
F: 719.527.0838  
*OT/Hand Therapy*

## 7. Pueblo West

279 South Purcell Blvd. #116  
Pueblo, CO 81007  
P: 719.547.2481  
F: 719.547.2487

