

FYZICAL | Romeoville Pat 448 A. North Weber Rd. Romeoville, IL 60440 Ref Ph: (815) 293-3740 Fax: (815) 293-3742 Dia Special Instructions:

Physician Signature: _____

tient Name:		Phone:
ferring Physician:		Date:
agnosis:		
Evaluate & Treat		Continue Current Rx
Pre/Post-Op Rehabilitation		Balance Rehabilitation
☐ Back	☐ Neck ☐ Elbow ☐ Wrist/Hand der ☐ Ankle/Foot	□ Balance Retraining Therap□ Epley Maneuver (Manual)□ Neurological Gait Training□ NIR Infrared Treatment
Orthopedic Rehabilitation		Programs
☐ Strengthening ☐ Flexibility/R.O.M. ☐ Stabilization ☐ Soft Tissue Mobilization ☐ Joint Mobilization ☐ Other:		□ Balance Retraining □ Vestibular Therapy □ Headaches □ Osteoporosis □ Fibromyalgia □ S/P CVA □ Parkinsons □ Sports Specific □ Work Specific
☐ Ultraso	ound	Dationt Education
☐ Electrical Stimulation ☐ Iontophoresis ☐ Traction ☐ Other:		Patient Education Home Exercise Program Fall Prevention ADL Training Other:
	Frequency:	Days per week
	Duration:	Weeks / Months circle one