



Medicare and Major Insurances Accepted

Fyzical at Sun Valley
Rucha Patel, PT
6437 Old Monroe Rd, Suite E
Indian Trail, NC 28079
Phone: (704) 686-7767 * Fax: (704) 686-7732

Date: _____

Patient Name: _____ DOB: _____ Gender: Male / Female

Patient Phone: _____ 2nd Phone: _____

Diagnosis: _____ Dx Code: _____

Referring Physician Information

Referring Provider: _____

Referring Phone: _____ Referring Fax: _____

- Evaluate/Treat Patient for Mobility Need Evaluate/Treat for Wheelchair Assessment and Training Needs
- Evaluate/Treat for Mobility Assistive Device DME Training Evaluate/Treat for Strength and Balance Needs

PRE/POST OP REHABILITATION

- KNEE NECK
 BACK HIP
 SHOULDER ELBOW
 WRIST/HAND ANKLE/FOOT

ORTHOPEDIC REHABILITATION

- STRENGTHENING
 FLEXIBILITY/R.O.M
 STABILIZATION
 SOFT TISSUE MOBILIZATION
 JOINT MOBILIZATION
 OTHER: _____

BALANCE REHABILITATION

- BALANCE RETRAINING THERAPY
 EPLEY MANEUVER (MANUEL)
 NEUROLOGICAL GAIT TRAINING
 NIR INFRARED TREATMENT

PROGRAMS

- BALANCE RETRAINING
 VESTIBULAR THERAPY
 VERTIGO
 OSTEOPOROSIS
 FIBROMYALGIA
 S/P CVA
 PARKINSON
 Other: _____

PATIENT EDUCATION

- HOME EXERCISE PROGRAM
 FALL PREVENTION
 ADL TRAINING
 OTHER: _____

MODALITIES

- DRY NEEDLING
 ULTRASOUND
 ELECTRICAL STIMULATION
 IONTOPHORESIS
 TRACTION
 OTHER: _____

Special Instructions: _____

Physicians Name: _____ Physicians Signature: _____