



# FYZICAL<sup>®</sup>

Therapy & Balance Centers

Special Instructions:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Evaluate & Treat

Continue Current Rx

### Pre/Post-Op Rehabilitation

### Balance Rehabilitation

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

- Balance Retraining Therapy
- 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

### Modalities

### Patient Education

- Ultrasound
- Electrical Stimulation
- Iontophoresis
- Traction
- Other: \_\_\_\_\_

- Home Exercise Program
- Fall Prevention
- ADL Training
- Other: \_\_\_\_\_

Frequency: \_\_\_\_\_ Days per week

Duration: \_\_\_\_\_ Weeks / Months  
circle one

Physician Signature: \_\_\_\_\_