HealthCARE Express®

Physical Therapy

3515 Richmond Rd, Texarkana, TX
Phone: 903.831.5454
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Patient Name:_____ **DOB:**_____

Diagnosis:_____

Frequency:_____/week **Duration:**_____/weeks

EVALUATE AND TREAT FOR PHYSICAL THERAPY

Please include the following:

- ◯ Back/Spine Education and Self Management
- ◯ Balance/Vestibular Rehabilitation
- ◯ Post-Op Specific Protocol
- ◯ Home Program
- ◯ Manual Therapy/Massage
- ◯ AROM/PROM
- ◯ Gait Training
- ◯ Cardiovascular Rehabilitation
- ◯ Modalities as Indicated
- ◯ Other:
- ◯ Orthotics/Equipement:

Precautions/Comments:

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Physician Signature_____ **Date** _____