



PT - DOCTORS

PHYSICAL THERAPY DOCTORS

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PHONE: (941) 966-1227

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PATIENT INFORMATION

PATIENT NAME: _____ DOB: _____

PATIENT PHONE #: _____ DIAGNOSIS: _____

SURGICAL PROCEDURE: _____

PHYSICIAN RECOMMENDATIONS

Physical Therapy Evaluate and Treat:

Days/Week: 1 2 3 4 5

Duration: 1 2 3 4 5 6 Weeks

Specialty Therapies

- _____ Orthopedic Rehab
- _____ Neurological Rehab
- _____ Cardiovascular Rehab
- _____ Cancer Rehabilitation
- _____ Pain Management
- _____ Vestibule Rehab
- _____ Pediatrics PT
- _____ Sports PT
- _____ Spinal Care
- _____ Pre and Post Surgical

Specialty Treatment

- _____ Manual Physical Therapy
- _____ Myofascial Release
- _____ Neuromuscular RE-Education
- _____ Dry Needling
- _____ Hot Tissue Laser Therapy
- _____ Blood-Flow Restriction Training - BFR
- _____ Hand Therapy
- _____ Vestibular Therapy
- _____ Mobility, and progressive ambulation
- _____ Therapeutic Exercises

INSTRUCTIONS/ PRECAUTIONS: _____

PHYSICIAN INFORMATION

PRINTED PHYSICIAN NAME: _____ PHONE #: _____

PHYSICIAN SIGNATURE

DATE

REFERRING STAFF MEMBER NAME: _____