



FAX TO: 303-840-7326

PHONE: 720-505-8129

Locations in:

Parker, Highlands Ranch and Denver

Patient: _____ Date: _____

Patient Phone Number: _____

Insurance: _____

Diagnosis: _____

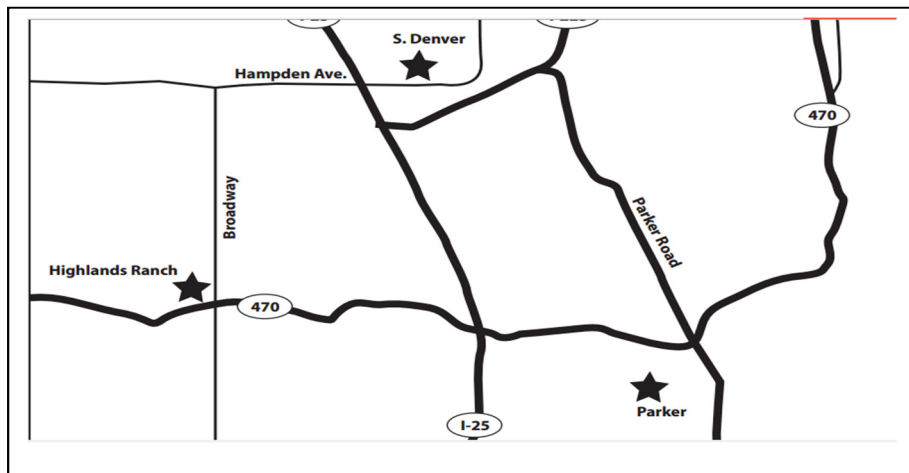
Date of Injury/Surgery: _____

Frequency and Duration: _____

Special
Instructions: _____

Referring Physician: _____

Physician Signature: _____



P.T EVALUATION AND TREATMENT (PLEASE CIRCLE)

Body Part:

Spine: Cervical Thoracic Lumbar Pelvis/Sacrum

Right Left: Shoulder Elbow Hand/Wrist Hip knee Ankle/Foot

THERAPEUTIC INTERVENTION

Post-Surgical

Strength & ROM

Dynamic Exercise & Flexibility

Pilates Core Strengthening Program

Therapeutic Exercise

Gait Training

Manual Therapy

Soft Tissue Mobilization

Mechanical Traction

Dry Needling

Hand Therapy

Splinting

Kinesiotaping

Women's Health

Work Hardening

Modalities