



movement for life physical therapy

treatment
referral

PATIENT'S NAME: PATIENT'S PHONE:

DIAGNOSIS: DOB:

PRECAUTIONS:

physical therapy

- Evaluate & Treat**
- Therapeutic Exercise (Active, Passive, PRE)
- Functional Activities (Gait, Balance, ADL)
- Neuromuscular Re-education
- Manual Therapy (Joint & Soft Tissue Mobilization)
- Modalities (Elect Stim, Ultrasound, Iontophoresis)
- Thermal Modalities (Ice, Moist Heat)
- Traction (Lumbar, Cervical)
- Comments:
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-

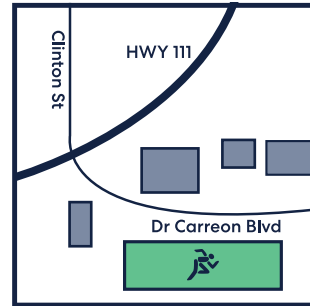
specialty programs

- Activity Prescription Program (General Exercise for Health/Disease Prevention, Oncology Rehab, Diabetes Management through Activity)
- Arthritis/Prehabilitation Program
- Balance/Fall Prevention
- Blood Flow Restriction (BFR)
- Cardiopulmonary Physical Therapy
- Diabetic Peripheral Neuropathy
- Low Back and Neck Pain
- Osteoporosis Program
- Post-mastectomy Care
- Post-surgical Care
- Prenatal Programs (Carpal Tunnel Syndrome, Low Back/Pelvic Pain)
- TMJ/Headache Program
- Vestibular Rehabilitation
- Work Injury/Return To Work
- Other
-

Comments / Parameters:

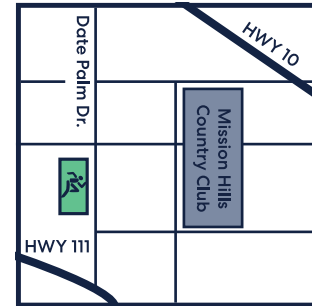
Frequency: times per week for weeks. Signature: Date:

the experts in movement



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