



focus

PHYSIOTHERAPY

4031 Balmoral Dr. SW Suite B
Huntsville, AL 35801

Phone: (256) 883-0636
Fax: (256) 883-0635

Patient Name: _____

Patient Phone: _____ Insurance Type: _____

Diagnosis: _____

-
- | | |
|--|---|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Manual Therapy |
| <input type="checkbox"/> FCE | <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> Disability Evaluation | <input type="checkbox"/> Balance / Proprioceptive |
| <input type="checkbox"/> Work Hardening / Conditioning | <input type="checkbox"/> Trigger Point Dry Needling |
| <input type="checkbox"/> Modalities | <input type="checkbox"/> Other _____ |

Precautions/Contraindications:

Frequency: 2x/week 3x/week 5x/week Other _____

Duration: 2-3 weeks 3-4 weeks 6-8 weeks Other _____

Physician Name (Please Print)

NPI #

Physician Signature

Date

Phone

Fax