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Patient Name: _____

DOB: _____ **Patient's Phone:** _____

Diagnosis _____

Precautions / Comments _____

Evaluate & Treat _____

- ☐ Anodyne Therapy
- ☐ Aquatic Therapy
- ☐ Balance Training/Exercises
- ☐ BFR Training
- ☐ Cupping/ Myofascial Decompression
- ☐ Dry Needling/US Assisted Dry Needling
- ☐ Gait Training
- ☐ Graston Technique
- ☐ Kinesiotaping
- ☐ LSVT BIG Program
- ☐ Lymphedema Management
- ☐ Manual Therapy (Soft Tissue/Joint Mobs)
- ☐ Massage
- ☐ McKenzie Back Rehab.
- ☐ Myofascial Manipulation
- ☐ Running and Gait Analysis
- ☐ Shockwave Therapy
- ☐ Spine Decompression Traction
- ☐ TECAR Therapy
- ☐ Therapeutic Exercise (Strengthening, Passive, Active)
- ☐ Use Protocol for:

- Conditions:
- ☐ Amputee Rehab
 - ☐ Arthritis
 - ☐ Balance & Gait Disorder
 - ☐ Chronic Pain
 - ☐ Elbow and Wrist Pain/Surgery
 - ☐ Fibromyalgia
 - ☐ Foot & Ankle Pain/Surgery
 - ☐ Hip & Knee Pain/Surgery
 - ☐ Lymphedema
 - ☐ Parkinson's Disease
 - ☐ Plantar Faciitis
 - ☐ Post-Stoke Rehab
 - ☐ Cancer Rehab **P&P**
 - ☐ Sciatica, Back Pain & Neck Pain/Surgery
 - ☐ Shoulder Pain/Surgery
 - ☐ Sports Injuries
 - ☐ Vertigo and Dizziness
 - ☐ Weight Loss Program
 - ☐ Work Injuries

Physician Signature: _____ **Date:** _____

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