



League City
PHYSICAL THERAPY

13725 E League City Pkwy Ste. 120,
League City, Texas 77573

Phone: 281-845-4300
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PHYSICAL THERAPY

Patient's Name _____ Date: _____

Patient's Phone No. _____ DOB: _____

DIAGNOSIS: _____ ICD 10: _____

Date of Injury/Onset Date/Surgery: _____

THERAPY TYPE / PROCEDURES

Evaluate & Treat

Therapeutic Exercise / Activities

AROM/AAROM/PROM/Strength

Modalities / Physical Agents

Electrical Stimulation

Ultrasound

Cold Pack / Moist Heat

Paraffin Wax

Traction

Manual Therapy

Joint/Soft Tissue Mobilization

Education / Home Exercise

Gait Training

Neuromuscular Re-education

Balance & Vestibular Rehab

Lymphedema Therapy

Iontophoresis / Phonophoresis

(with 4mg / ml. inj. Dexamethasone 30cc use as directed)

Weight Bearing Status

FWB

PWB (%)

WBAT

NWB

Other _____

Precautions / Special Instruction _____

FREQUENCY:

Therapist Discretion 5 X Week 3 X Week 2 X Week

DURATION:

8 Weeks 6 Weeks 4 Weeks 60 days 30 days Other _____

I certify that the rehabilitation procedures prescribed for this patient are medically and therapeutically necessary.

Physician's Signature / Date

NPI#

Physician's Name

Phone#

Fax#