



216 West College Avenue · Mason Texas 76856

To schedule an appointment, please call 325.294.4700

Physical Therapy Prescription

Patient Name: _____ DOB: _____

Physician: _____

Diagnosis: _____

Precautions: _____

Order: _____

- | | | |
|-------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Frequency/Duration: _____ | |
| <input type="checkbox"/> Home Safety Evaluation | <input type="checkbox"/> Home Equipment / Modification Assessment and Training | |
| <input type="checkbox"/> Transfer Training | <input type="checkbox"/> Community Training | <input type="checkbox"/> Manual Therapy / Joint Mobility |
| <input type="checkbox"/> Balance Training | <input type="checkbox"/> Orthotics Fit / Training | <input type="checkbox"/> Massage / Soft Tissue Work |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Self Care / Home Management | <input type="checkbox"/> Heat / Cold |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> US / E. Stim |
| <input type="checkbox"/> Vestibular Rehab | <input type="checkbox"/> Neuromuscular Re-education | |

Goals:

- | | | | |
|--------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Improve ROM | <input type="checkbox"/> Improve Strength | <input type="checkbox"/> Improve Mobility | <input type="checkbox"/> Improve Function |
|--------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|

Other: _____

Physician Signature

Date

Physician, please fax this referral slip to 325.294.4701.

- Check if more referral pads are needed.

Please include patient demographic sheet with orders. Thank You!