

ANDERSON



Physical Therapy &  
Pelvic Floor Rehabilitation

Phone

678-866-4104

Fax

678-866-4104

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Patient is \_\_\_\_\_ weeks / months status post \_\_\_\_\_

ICD 10: \_\_\_\_\_

Area of Interest: Right / Left / Upper Extremity / Lower Extremity / Spine

Contraindication/Precautions: \_\_\_\_\_

Range of Motion: Passive / Active Assist / Active

- |  |   |
|--|---|
| <input type="checkbox"/> Evaluate and Treat          | <input type="checkbox"/> Manual Therapy     |
| <input type="checkbox"/> Pelvic Floor Rehabilitation | <input type="checkbox"/> Manual Traction    |
| <input type="checkbox"/> Gait Training               | <input type="checkbox"/> Dry Needling       |
| <input type="checkbox"/> Vestibular Rehabilitation   | <input type="checkbox"/> Joint Mobilization |
| <input type="checkbox"/> Neuromuscular Re-Education  | <input type="checkbox"/> Myofascial Release |
| <input type="checkbox"/> Therapeutic Exercise        |   |

Improve Gait and Balance / Improve Proprioception / Desensitization / Improve Strength

PHYSICIAN SIGNATURE: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ NPI: \_\_\_\_\_

Signature is confirmation that skilled physical therapy services are reasonable and medically necessary.