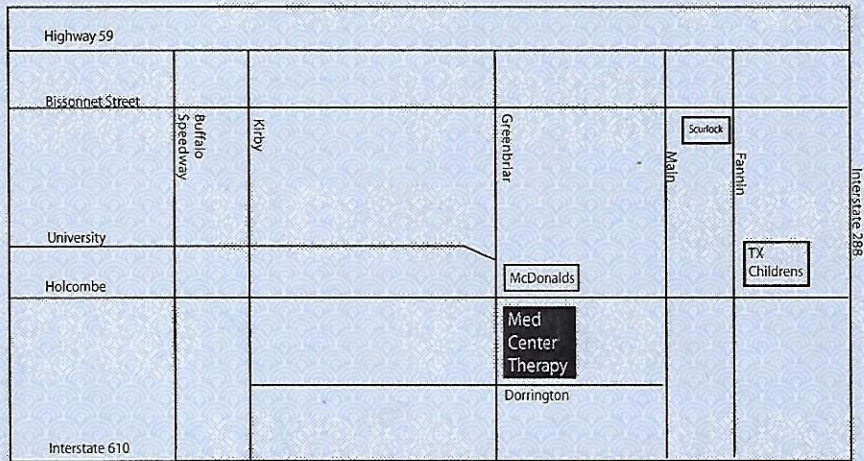


# Prescription for Therapy

Clinic Location: 2229 Dorrington Street * Houston, Texas 77030
**Phone: 713-668-1818 * Fax: 713-838-2238**
Email: info@medcentertherapy.com
Free Parking

Date:______________________________

Patient's Name:__________________________

Patient's Diagnosis forTherapy:________________

How often do you want the patient to follow up with you?______________________

## You may prescribe below or ☐ Evaluate and Treat

**AREA TO BE TREATED**
- ☐ Ankle/ Foot
- ☐ Cervical
- ☐ Elbow
- ☐ Hip
- ☐ Knee
- ☐ Lumbar
- ☐ Sacro - Iliac
- ☐ Shoulder
- ☐ Thoracic
- ☐ TMJ
- ☐ Wrist/ Hand
- ☐ Other

**THERAPEUTIC EXERCISE**
- ☐ AAROM
- ☐ AROM
- ☐ Back Exercises
- ☐ Balance and Proprioceptive
- ☐ Gait Training
- ☐ Home Exercise Program
- ☐ Isometrics
- ☐ Massage
- ☐ Mobilization/ Manual Techniques
- ☐ Neuromuscular Re-education
- ☐ PRE's
- ☐ PROM
- ☐ Postural Re-education Training
- ☐ Stretching

**TREATMENT MODALITIES**
- ☐ Anodyne
- ☐ Cryotherapy
- ☐ Electrical Stimulation
- ☐ Infrared
- ☐ Iontophoresis
- ☐ Laser Therapy
- ☐ Moist Heat
- ☐ Paraffin
- ☐ Pelvic Traction
- ☐ Phonophoresis
- ☐ Ultra Sound
- ☐ Ultraviolet

**GOALS**
- ☐ Endurance Strengthening
- ☐ Gait Strengthening
- ☐ Flexibility Strengthening
- ☐ Decreased Pain
- ☐ Increase Range of Motion
- ☐ Increase Strength

**TRACTION - DECOMPRESSION**
- ☐ Lumbar
- ☐ Spinal

**HOME MODALITIES**

Electrical Stimulation
- ☐ I.C.F.
- ☐ N.M.E.S.
- ☐ T.E.N.S.

**SERVICES**
- ☐ Water and Land
- ☐ Land Only
- ☐ Water Only

**TESTING**
- ☐ Balance
- ☐ Muscle Testing
- ☐ Range of Motion

**TAPING**
- ☐ Kinesio
- ☐ Lukeo

**FREQUENCY** ☐ 2x/Wk ☐ 3x/Wk ☐ 4x/Wk ☐ 5x/Wk **DURATION** ☐ 2 Weeks ☐ 4 Weeks ☐ 6 Weeks ☐ 8 Weeks

Additional Comments/ Instructions: ____________________________________

***I certify that I have examined this patient; physical therapy is necessary and will be done while the patient is under my care; I will review the plan of care at least every 30 days.***

Physician's Signature:________________________________________

*"We write success stories one patient at a time."*

BLUE BACKGROUND. REFLECTIVE WATERMARK. SECURITY FEATURES LISTED ON BACK.