



POWERED BY:



Patient Name: _____ Date: _____

Patient Phone #: _____ Date of Birth: _____

Diagnosis: _____

Treatment: _____

Comments & Contraindications: _____

RX Frequency:	<input type="radio"/> PRN	<input type="radio"/>	Per Week for	<input type="radio"/>	Weeks
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Procedures & Modalities:	<input type="radio"/> Per Therapist Judgment	
<input type="radio"/> Evaluation/Consultation	<input type="radio"/> Industrial Rehabilitation	<input type="radio"/> Traction
<input type="radio"/> Mobilization/Manual Therapy	<input type="radio"/> FCE	<input type="radio"/> Phonophoresis
<input type="radio"/> Vestibular Rehab	<input type="radio"/> Work Conditioning	<input type="radio"/> Iontophoresis
<input type="radio"/> Myofascial Release/Massage	<input type="radio"/> Work Hardening	
<input type="radio"/> Gait Training/Biomechanical Assessment	<input type="radio"/> Modalities/Other:	
<input type="radio"/> Posture/Spine Education	_____	
<input type="radio"/> Return to Sport/Life	_____	
<input type="radio"/> Strengthening/HEP	_____	
<input type="radio"/> Women's/Men's Pelvic Health	_____	

Physician Signature: _____

Mount Vernon Clinic

110 N. LaVenture Rd., Ste. A
Mount Vernon, WA
p: 360.428.2700 | f: 360.428.2701

Bellingham Clinic

814 Dupont St.
Bellingham, WA
p: 360.671.2900 | f: 360.671.2828

Burlington Clinic

135 W Fairhaven Ave.
Burlington, WA
p: 360.755.9111 | f: 360.755.1320

Sedro-Woolley Clinic

709 Cook Rd.
Sedro Woolley, WA
p: 360.873.8191 | f: 360.873.8196



POWERED BY:
RET
Physical Therapy & Healthcare Specialists



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