



Therapy Excellence

Phone: 817-483-1746

Fax: 817-483-5874

Web: www.TherapyExcellenceInc.com

Click on the new patient tab to print your intake paperwork prior to the first visit

PHYSICAL THERAPY PRESCRIPTION

Patient Name: _____ Date: _____

Patient Phone: _____ Alternate Phone: _____

Region/Diagnosis: _____ Surgery: _____

Physician (Printed): _____ Signature: _____

Frequency: 1 wk 2x wk 3x wk Daily Duration: _____ weeks

Evaluate and Treat

Home Exercise Program

Manual Therapy

Strengthening

Modalities

PRN

Mechanical Traction

Other _____

Special Instructions:

Range of Motion

PROM ONLY

AAROM

AROM

Limits: _____

Dry Needling

Gait Training

_____ WB

WBAT

FWB

