First Choice physical therapy

www.firstchoicephysicaltherapyind.com

MUNCIE
3607 N. Everbrook Ln
Muncie, IN 47304
Office: 765-741-8390
Fax: 765-741-8219

YORKTOWN
7701 W. Kilgore, Suite 1A
Yorktown, IN 47396
Office: 765-759-5273
Fax: 765-759-5519

NEW CASTLE
157 Wittenbraker Ave., Suite 2
New Castle, IN 47362-5035
Office: 765-529-2924
Fax: 765-529-2957

Patient Name: _____ Date of Birth: _____

Diagnosis: _____

Precautions: _____

Frequency: _____ Duration: _____ Phone: _____

PHYSICAL THERAPY PRESCRIPTION

☐ EVALUATE AND TREAT

- ☐ Therapeutic Exercise/Activities
- ☐ Soft Tissue Mobilization/IASTM
- ☐ Neuromuscular Re-education
- ☐ Joint Mobilization
- ☐ Cervical/Lumbar Traction
- ☐ Electrical Stimulation/TENS
- ☐ Ultrasound/Phonophoresis
- ☐ Iontophoresis
- ☐ Cryotherapy/Moist Heat
- ☐ Orthotic Fabrication
- ☐ Gait Analysis
- ☐ Work Conditioning
- ☐ Post Offer Employment Screenings
- ☐ Functional Capacity Evaluations *(Yorktown)*
- ☐ CranioSacral Therapy
- ☐ Wound Care
- ☐ Cold Laser *(Private Pay)*
- ☐ Home Exercise Program
- ☐ Balance & Fall Program
- ☐ Vestibular Program *(Muncie, New Castle)*
- ☐ Lymphedema Management *(Muncie, New Castle)*
- ☐ Other: _____

_____

_____

I certify that the above ordered treatment is medically necessary for this patient to achieve the following goals:

- ☐ **Relieve Pain**
- ☐ **Improve Function**
- ☐ **Increase ROM**
- ☐ **Increase Endurance**
- ☐ **Increase Strength**
- ☐ **Return to Work**

Physician Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

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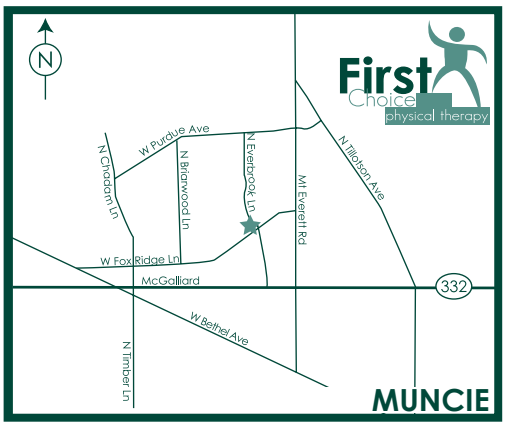
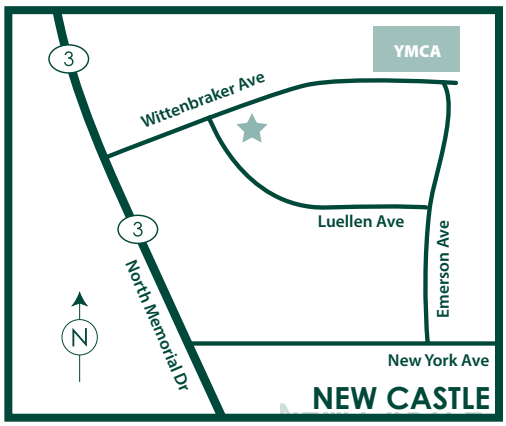
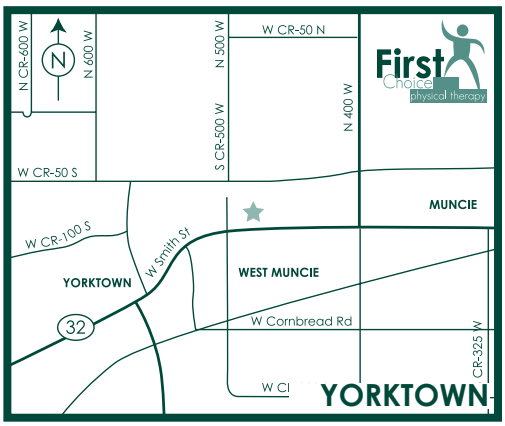
MUNCIE • NEW CASTLE • YORKTOWN







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JUST A REMINDER:
Please bring this referral slip with you on your first visit.
Please also bring your photo ID and insurance cards.
Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
Evaluations (1st visit) usually last 1 hour.

WHAT TO WEAR:
Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.