

# W S P T

PHYSICAL THERAPY  
AQUATIC THERAPY • WELLNESS

## REQUEST FOR PHYSICAL THERAPY

PATIENT \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

REFERRING PHYSICIAN \_\_\_\_\_

### EXERCISE / MANUAL THERAPY

- ROM
- THERAPEUTIC EXERCISE
- STABILIZATION EXERCISE
- NEUROMUSCULAR RE-ED
- GAIT TRAINING
- SOFT TISSUE / MYOFASCIAL MOBILIZATION
- JOINT MOBILIZATION
- HOME EXERCISE PROGRAM
- AQUATIC THERAPY

### MODALITIES

- MOIST HEAT
- COLD PACK
- ULTRASOUND
- PHONOPHORESIS
- LASER THERAPY
- ELECTRICAL STIM
- ANODYNE THERAPY
- OTHER \_\_\_\_\_

FREQUENCY \_\_\_\_\_ X / WEEK

DURATION \_\_\_\_\_ WEEKS

COMMENTS / PRECAUTIONS

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_