

SPECTRUM *Physical Therapy*

Your Partner in Health & Wellness

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| <input type="checkbox"/> Pantops Clinic
2050 Abbey Rd., Ste B
Charlottesville, VA 22911
434-817-4100
fax 434-817-4101 | <input type="checkbox"/> Greene Clinic
138 Stoneridge Dr., Ste 4
Ruckersville, VA 22968
434-985-2288
fax 434-985-6909 | <input type="checkbox"/> Orange Clinic
13190 James Madison Hwy.
Orange, VA 22960
540-672-2708
fax 540-672-2709 | <input type="checkbox"/> Fluvanna Clinic
100 Crofton Place
Palmyra, VA 22963
434-589-9588
fax 434-589-4096 | <input type="checkbox"/> Zion Crossroads Clinic
70 Jefferson Court, Ste 102
Zion Crossroads, VA 22942
540-832-3061
fax 540-832-3062 | <input type="checkbox"/> Culpeper Clinic
19002 Crossroad Pkwy.
Culpeper, VA 22701
540-727-0737
fax: 540-727-0738 | <input type="checkbox"/> Forest Lakes Clinic
1622 Timberwood Blvd., Ste 211
Charlottesville, VA 22911
434-202-2830
fax: 434-529-8457 |
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Patient's Name: _____ Date: _____

Diagnosis: _____

Relevant Medical History: _____

Treatment/Functional Goals: _____

Frequency & Duration of Treatment: _____ times/week X _____ weeks _____

Referral

Outpatient Physical Therapy:

- Evaluation & Treatment
- Fitness/Home Program Transition
- Falls Risk Assessment
- Return to Work/Ergonomics Assessment

Rehabilitation Procedures:

- Therapeutic Exercise
- Manual Therapy: Soft Tissue/ Joint Mobilization
- Body Mechanics/ Posture Education/ Functional Training
- Neurologic Rehabilitation
- Vestibular Rehabilitation
- Trigger Point Dry Needling (TPDN)
- Brace, Assistive Device, Custom Foot Orthotics: _____
- Modalities: _____
- TENS Unit
- Other: _____

Precautions

- None
- Precautions: _____

Physicians Signature

Next MD Follow Up Visit: _____

Print Physician's Name

NPI Number

Address

Phone #

Fax #

ADDRESS LABEL
HERE