☐ **Downtown**
1820 Chester Ave.
Bakersfield, CA 93301
661.631.8793
FAX: 661.631.9257

☐ **Rosedale**
3850 Riverlakes Dr., Suite A
Bakersfield, CA 93312
661.529.2303
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☐ **Delano**
929 Jefferson St.
Delano, CA 93215
661.631.8793
FAX: 661.631.9257

Name: ______________________ Date: __________ ***MD Option** ☐ Authorize PT to set treatment

Diagnostic: ______________________ Phone: __________ Treat: ____ X: ________ Weeks

EVALUATIONS:
___ Evaluate & Treat
___ Postural
___ Ambulation
___ Functional
___ Neuro Eval.
___ Other

PROGRAM:
___ Arthritis
___ Mastectomy
___ TMJ
___ Postural
___ Pre/Post Partum
___ Incontinence
___ Stroke
___ Parkinson
___ Back
___ Neck
___ Spine Stabilization
___ ACL/MCL
___ Status Post. Arthos.
___ Pain Management
___ Whiplash
___ Diabetes
___ Shoulder
___ M.S.
___ FCE
___ Gym
___ Other: ______________
____
____

MODALITES:
___ Heat
___ Massage
___ TENS
___ Paraffin Unit
___ Biofeedback
___ Iontophoresis
___ Whirlpool/Dressing
___ Electrical Stimulation
___ Mobilization
___ Soft Tissue Mobilization
___ Myofascial Release
___ Orthotic Training/Prosthetic Training
___ Cranial Sacral Therapy
___ Gait Training MWB/PWB/FWB
___ Phonophoresis
___ Cold Pack
___ Ultrasound
___ Traction
___ EMS
___ Microcurrent

EXERCISE:
___ Range of Motion
___ Strengthening
___ Aerobic Fitness
___ Education
___ Aquatic Therapy
___ Other

MISC./EQUIPMENT: ______________________________
____

SPECIAL INSTRUCTIONS: ______________________________

COMMENTS: ______________________________
____
______________________________ **MD** __________ **DATE**

______________________ Patients primary insurance

______________________ Insurance ID number DOB