



Physical Therapy & Wellness

Patient: _____ Date: _____

Insurance: _____

Diagnosis: 1. _____
 2. _____
 3. _____
 4. _____

Date of Injury / Surgery: _____

Frequency and Duration: _____

Special Instructions: _____

Referring Physician: _____

Physician's Signature: _____

P.T. EVALUATION AND TREATMENT

Body Part:

- Spine: cervical thoracic lumbar
 pelvis / sacrum
- R L shoulder elbow hand / wrist
 hip knee ankle / foot
 TMJ

NEURO/VESTIBULAR

LYMPHEDEMA

THERAPEUTIC INTERVENTION

- Post Surgical
 Strength Training
 ROM & Flexibility
 Therapeutic Exercise
 Gait Training
 ADL Training
 Balance Training
 Manual Therapy
 Soft Tissue Mobilization
 Graston Technique
 Dry Needling
 Splinting
 Kinesiotaping
 Pelvic Health
 M F Unspecified
 BTE-Work Simulation Machine
 FCE
 Work Hardening / Conditioning

MODALITIES

- Mechanical Traction
 Thermal / Ice Packs
 Electrical Stimulation
 Ultrasound
 Iontophoresis

Central Scheduling:
Phone: (720) 505-8129
Fax: (303) 840-7326

Aurora Location:
 1550 S. Potomac Street
 Suite 180
 Aurora, Colorado 80012
 Phone: (720) 324-9380

South Denver Location:
 7400 E. Hampden Avenue
 Unit C3
 Denver, Colorado 80231
 Phone: (303) 221-1474

Highlands Ranch Location:
 200 W. County Line Road
 Suite 130
 Highlands Ranch, Colorado 80129
 Phone: (303) 346-0024

Westminster Location:
 2751 W. 120th Ave.
 Unit 150
 Westminster, CO 80234
 Phone: (720) 583-2146

Parker Location:
 16522 Keystone Blvd.
 Unit N
 Parker, Colorado 80134
 Phone: (303) 840-7325

