



Physical Therapy & Rehab Center

OCCUPATIONAL, SPEECH, AND PHYSICAL THERAPY SERVICES

44241 15th Street West, Suite 202, Lancaster, CA 93534

Office: (661) 949-5900

Fax: (661) 949-5585

Name _____ Date _____

Diagnosis/ICD-10 _____ Onset _____

Precautions _____

Date of birth _____ Patient's phone # _____

Frequency _____ times per wk _____ wks

☐ Orthopedic Program

☐ Sports Rehabilitation

☐ Neurological Rehabilitation Program

☐ Hand Therapy Program

☐ Physical Therapy Eval and Treat

☐ Speech/Language Eval and Treat

☐ Occupational Therapy Eval and Treat

☐ Speech Therapy Swallow Eval and Treat

Modalities

☐ Ultrasound

☐ Phonophoresis

☐ Iontophoresis

☐ Electrical stimulation

☐ Paraffin

☐ Vasopneumatic

☐ Traction

Procedures

☐ Soft tissue mobilization

☐ Therapeutic exercises/strengthening

☐ AROM ☐ AAROM ☐ PROM

☐ Joint mobilization

☐ Scar management

☐ Splint fabrication

☐ Gait training

☐ Balance training

☐ Functional perceptual/cognitive training

☐ Sensory re-education/desensitization

☐ ADL training

☐ Ergonomic assessment

☐ Modified Barium Swallow Study

☐ Cognition/language

Other _____

Instructions _____

Physician's Signature _____

Physician's Name _____